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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4783

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 1024

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3404 S. 2nd st. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Schannuth

3. (b) If veteran, name war No

3. (c) Social Security No. 486-18-6312

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emily

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 14 (Day) 1879 (Year)

8. AGE: Years 65 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Berger (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Box Mfg. Co.

FATHER

12. Name George Schannuth

13. Birthplace Berger (City, town, or county) MO. (State or foreign country)

MOTHER

14. Maiden name Mary Ellaman

15. Birthplace Berger (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Florence Fuchs

(b) Address 3404 S. 2nd st

17. (a) Removal R.R. (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Missouri.

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary

(b) Address 6464 Chippewa St.

19. (a) FEB 3 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st year 1945 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from 1/27/45, 19..., to 2/1/45, 19...; that I last saw him alive on 2/1/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Bron — Duration 2 wk

Due to

Due to

Other conditions Intestinal obstruction (Include pregnancy within 3 months of death)

Major findings: Of operations Congenitous ileum

Of autopsy not obtained

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Mohara (M. D. or other)

Address 1515 Lafayette 2/1/45 Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7414 S. Broadw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.