

S. No. 2
DM-5-43
v. 5-17-39
I X38671

Registration District No. **NOV 21 1945** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1/2 Day
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County.....
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 2006 Gravois Ave.,
(If rural, give location)
 (e) Citizen of foreign country?.....(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Helena Schnorbus,
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,
 6. (b) Name of husband or wife Frank Schnorbus. 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased April 23 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	6	25hr.min.

9. Birthplace Germany,
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home,

11. Industry or business.....
 MOTHER FATHER {
 12. Name Don't Know,
 13. Birthplace Don't Know,
 14. Maiden name Don't Know,
 15. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Schnorbus,
 (b) Address 2704 So. 18th St.,
 17. (a) Burial, (b) Date thereof 11/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation SS. Peter & Paul Cem.
 18. (a) Signature of funeral director Gebken-Benz Mortuary
 (b) Address 2842 Meramec St.,
 19. (a) NOV 19 1945 J. J. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th
 year 1945 hour 12.55 minute P. M.
 21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
 that I last saw h..... alive on....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary tuberculosis
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

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?
 While at work?.....
(Specify type of place) (e) Means of injury.....
 23. Signature Patrick J. Taylor (M. D. or other) 3
 Address Deputy Coroner Date signed 11-19-45

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 Francis Williamson
Licensed Embalmer No. 3365
P. O. Address St Louis Mo.

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.