S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

2018

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4140

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 96
(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 Bremerton Rd. 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ferdinand Schnitzer

3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Male O
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Elizabeth Schnitzer
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb. (Month) 1874. (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	10		..... hr. ..... min.

9. Birthplace Austria (City, town, or county) 9 (State or foreign country)
10. Usual occupation Retired Plaster Molder.
11. Industry or business .....

FATHER
12. Name Unknown Schnitzer
13. Birthplace Austria (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Austria (City, town, or county) 4 (State or foreign country)

16. (a) Informant Eda Stricker
(b) Address 2311a Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-46. (Month) (Day) (Year)
(c) Place: burial or cremation New S S Peter + Paul
18. (a) Signature of funeral director Witt Bros. L. + N. Co.
(b) Address 2929 S. Jefferson Av.
19. (a) JAN 2 1946 (Date received local registrar) (b) E. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1 year 1946 hour 1 minute oop. M.
21. I hereby certify that I attended the deceased from December 15, 1945 to January 1, 1946; that I last saw him alive on January 1, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia right	12/12
Due to Chronic Myocarditis and decompensation 93d	
Due to Broncho Pneumonia	12/30
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no
(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? no (e) Means of injury .....
23. Signature James F. Cade M.D. (M. D. or other)
Address 1004 Mo Theatre Date signed 1/7/46

707 (Licensed Embalmer's Statement on Reverse Side)

JAN 25 1948

JAN 16 1948

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 me

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

working under my personal supervision.

Signed D M Davis

Licensed Embalmer No. 374

P. O. Address 2929 So Jefferson av

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.