

S. No. 2
OM-5-42
ev. 5-17-39
I X32873

29032

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7283**

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:
1919a Withnell
(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 **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1919a Withnell**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT
FULL NAME **Nicholas Schachner**
3. (b) If veteran, name war **--** 3. (c) Social Security No.

20. DATE OF DEATH: Month **Aug.** day **20**
year **1946** hour **12** minute **30P.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **Feb.** **1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 4**, 19**45** to **Aug 20**, 19**46**
that I last saw him alive on **August 18**, 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years **64** Months **6** Days **2** If less than one day
hr. min.

Immediate cause of death:
Coronary Thrombosis
Due to **Myocarditis Chronica** **1 year**
Due to **Chronic Interstitial Nephritis** **4 years**

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Metal Polisher**
11. Industry or business **Hager Hinge Co.**

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations **121**
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name **Nick Schachner**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Herman Schachner**
(b) Address **1919a Withnell**
17. (a) **Burial** (b) Date thereof **8/23/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **O. SS Peter & Paul**

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?

18. (a) Signature of funeral director **Wacker Kelders**
(b) Address **3634 Gravois Ave.**
19. (a) **AUG 22 1946** (b) **J. F. Breeseh**
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature **Julius Ch. R. R. M. D.** (M. D. or other)
Address **2603 Cherokee St.** Date signed **8/21/46**

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

27870

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 Robert Crowley

Licensed Embalmer No. 2178

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.