

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2260

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: **Lutheran Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **13 Days**
(Specify whether Years months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** 96

(c) City or town **Lemay** 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. **9844 Sadie** 1
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ELIZABETH SCHNORBUS**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**
year **1948** hour **II** minute **P.** M.

21. I hereby certify that I attended the deceased from **3-3-48**
19....., to **3-5-48** 19.....
that I last saw him alive on **3/4/48** 19.....
and that death occurred on the date and hour stated above.

5. Color or race **White**

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

6. (b) Name of husband or wife **Frank**

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

7. Birth date of deceased **December 8, 1863**
(Month) (Day) (Year)

Immediate cause of death **Acute Myocardial Hypostatic pneumonia** 3 days

Due to **Chronic Myocarditis** ?

Due to **Smoking**

Other conditions (Include pregnancy within 3 months of death) **9844**

8. AGE: Years Months Days If less than one day

84 2 26

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

9. Birthplace **Unknown** **Germany** 4
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **(1st name unknown) Dielenhein**

13. Birthplace **Unknown** **Germany** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** 4
(City, town, or county) (State or foreign country)

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 **Walter H. Hoffmeister** (M. D. or other) **MD**
Address **3108 S. Grand** Date signed **8/15/48**

16. (a) Informant **Anthony Schnorbus (Son)**

(b) Address **9844 Sadie, Lemay 23, Mo.**

17. (a) **Burial** (b) Date thereof **3/8/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Olive Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U&L Co.**

(b) Address **7814 South Broadway St. Louis II**

19. (a) **MAR 5 1948** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 S. Broadway

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.