S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17998

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3522

WRITE PLAINLY—USING 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: 5504 Pennsylvania ave.
(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 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5504 Pennsylvania ave. 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 15 0
If yes, name country

3. (a) PRINT FULL NAME John H. Schnettler
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alice Schnettler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 16 (Day) 1860 (Year)

8. AGE: Years 87 Months 6 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Adam Schnettler
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs. Alice Schnettler
(b) Address 5504 Pennsylvania ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway
19. (a) APR 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1948 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from 1946 to April 10 1948, to 19 ;
that I last saw him alive on 4/10 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Renal disease
Due to Uremic Poisoning
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 J. Graneto M.D. (M.D. or other)
Address 5821 S Rdwy Date signed 4/12/48
DR J GRANETO

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Bdway & Bates St.

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 7814 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.