

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35835

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4180

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkeley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkeley</u>	
c. LENGTH OF STAY (in this place) <u>30 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>Airport &amp; Washington St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Airport &amp; Washington</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Schnatzmeyer</u> c. (Last) <u>Schnatzmeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 25, 1880</u>
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>3</u>	11. DAYS <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fred Hämpe</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>William F. Schnatzmeyer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. F. Schnatzmeyer, Berkeley, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chv myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1-13-46</u> ANTECEDENT CAUSES DUE TO (b) <u>Chv nephrosis</u> <u>1945</u> DUE TO (c) <u>arteriosclerosis</u> <u>1940</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Brain tumor removed</u> <u>1936</u>	
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>450.0</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4221</u>	
22. I hereby certify that I attended the deceased from <u>2-4-1935</u> , to <u>10-16-1949</u> , that I last saw the deceased alive on <u>10-16-1944</u> , and that death occurred at <u>2:09</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Rain Johnson M.D.</u>		23b. ADDRESS <u>Ferguson Mo.</u>	23c. DATE SIGNED <u>10-18-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Luthern</u>	24d. LOCATION (City, town, or county) (State) <u>Black Jack, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-19-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Ferguson, MO.</u>	

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed L. M. White

Licensed Embalmer No. 3973

P. O. Address Berquason, 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.