

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14500

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State File No. 3981

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Masonic Home Hospital, St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis. Mo</u>)		c. LENGTH OF STAY (In this place) <u>11 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Home Hospital</u>				12. STREET ADDRESS (If rural, give location) <u>5351 Delmar Blvd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u>		b. (Middle) _____		c. (Last) <u>Feltz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 29 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>4/27/63</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wilhelm Schnelle</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Schaefer</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Feltz</u> ADDRESS <u>Masonic Home of Missouri St. Louis, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Interstitial Nephritis</u>				<u>2 yrs</u>	
		DUE TO (c) <u>Hypertension</u>				<u>8 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>Mo</u>		<u>592X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>1/14</u> , 19 <u>39</u> , to <u>4/29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/29</u> , 19 <u>50</u> , and that death occurred at <u>6</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert C. ...</u> (Degree or title) _____				23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>4/29/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7135 Gravois Ave Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAY 1 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>6409 Gravois AV</u>			

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.