

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10514

1. PLACE OF DEATH
a. COUNTY _____
b. CITY OR TOWN ST. LOUISIS Mo
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION 3339 LOUISIANA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____
c. CITY OR TOWN ST. LOUISIS 2169
d. STREET ADDRESS (If rural, give location) 3339 LOUISIANA

3. NAME OF DECEASED
a. (First) JOHANNA b. (Middle) SCHNELL c. (Last) _____
4. DATE OF DEATH DEC. 8 1950

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH SEPT. 2 1869 81
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (State or foreign country) AUSTRIA 12. CITIZEN OF WHAT COUNTRY? 4

13a. FATHER'S NAME JOSEPH MODRAY 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE JOSEF SCHNELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPH E. SCHNELL 3339 LOUISIANA

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia
INTERVAL BETWEEN ONSET AND DEATH 2 yrs
2 days

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? HSTO

22. I hereby certify that I attended the deceased from Jan 1, 1945, to Dec 8, 1950, that I last saw the deceased alive on Dec 8, 1950, and that death occurred at 7 P. M., from the causes and on the date stated above.

23a. SIGNATURE J. E. Schnell (Degree or title) _____ 23b. ADDRESS 1703 S. _____ 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 24b. DATE DEC. 11 1950 24c. NAME OF CEMETERY OR CREMATORY VAHALLA CHAPEL MEMORIES 24d. LOCATION (City, town, or county) (State) ST. LOUISIS Mo

DATE REC'D BY LOCAL REG. DEC 10 1950 REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Harris

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 _____

working under my personal supervision.

Student Embalmer No. [REDACTED]

Signed *James C. Hill*

Signed.....
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 [unclear]*

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.