

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30009**

State File No. ....

**7656**

Registrar's No. ....

No. 300  
10-48

**SEP 3- 1952**

BIRTH NO. **56439**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b> c. LENGTH OF STAY (in this place) <b>( )</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2259</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>25 Leclade Hotel, 6th &amp; Chestnut</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>BABY BOY</b> a. (First) <b>BABY BOY</b> b. (Middle) <b>SCHNACKENBERGER</b> c. (Last) <b>SCHNACKENBERGER</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JULY 31, 1952</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>July 31, 1952</b>
<b>9. AGE</b> (In years last birthday) <b>1</b>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Missouri</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Norman Schnackenberg</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mackenberg</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Hospital Record</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Prematurity</b> ANTECEDENT CAUSES <b>Due to (b) Late abortion - spontaneous (24 weeks gestation)</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 hrs</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>776X</b>		
<b>22. I hereby certify that I attended the deceased from 7-31-52, 19, to 7-31-52, 19, that I last saw the deceased alive on 7-31-52, 19, and that death occurred at 7:20P m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Elizabeth K. Gay M.D.</b>		<b>23b. ADDRESS</b> <b>1515 Lafayette Avenue</b>	
<b>23c. DATE SIGNED</b> <b>8-1-52</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>10</b>	
<b>24b. DATE</b> <b>8-30-52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Anatomical Board</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Rowland Mortuary Service</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>AUG 12 1952</b>		<b>25. FUNERAL DIRECTOR'S ADDRESS</b> <b>4104 Manchester Ave</b>	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.