

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022984
STATE FILE NUMBER

Health,
& Welfare
Public
Service

FILED JUL 7 - 1958 Registration District No. 910 Primary Registration District No. 3058 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>411 Clark St.</u>		d. STREET ADDRESS <u>411 Clark St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>C.</u> Last <u>Schnarr</u>		4. DATE OF DEATH Month <u>June</u> Day <u>29</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 27, 1879</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Fitter</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>A C F</u>	9c. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Fitter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A C F</u>	10c. AGE (In years last birthday) <u>79</u>
11. BIRTHPLACE (City and state or country) <u>St. Charles County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Schnarr</u>		14. MOTHER'S MAIDEN NAME <u>Katherine Moellering</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>499-05-3850</u>	
17. INFORMANT <u>Mrs. Laura Schnarr</u>		Address <u>St Charles Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>4200H</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Carcinoma of Prostate</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14y</u> <u>104y</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <u>11:45</u> Month <u>6</u> Day <u>8</u> Year <u>1954</u> a. m. <u>11:45</u> p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>St. Charles</u> COUNTY <u>St. Charles</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>Nov 1954</u> to <u>June 1958</u> and last saw <u>him</u> alive on <u>June 10, 1958</u> Death occurred at <u>11:45</u> <u>am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William H Roggemann</u> (Degree or title)		22b. ADDRESS <u>1304 52nd St Charles, Mo</u>	
22c. DATE SIGNED <u>July 3, 1958</u>		22d. SIGNATURE <u>Marcella Wilson</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 3, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	23d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>
24. FUNERAL DIRECTOR <u>Arthur C. Baue Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>July 2-58</u>	
26. REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>		27. ADDRESS	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *Arthur C. Bunn*.....

Licensed Embalmer No. *31*

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.