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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023370
STATE FILE NUMBER

FILED JUL 3 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 5843

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Incarnate Word Hosp. — Length of stay in Hospital: 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis
c. CITY OR TOWN: Bellefontaine Neighbors 4020 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1244 Bluegrass Drive — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ELSIE — Middle: H. — Last: SCHNALZER
4. DATE OF DEATH: Month: June — Day: 18, — Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: September 11, 1916
9. AGE (In years last birthday): 42 — 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): Garment Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Harry H. Feld
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Joseph Schnalzer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Joseph Schnalzer — Address: 1244 Bluegrass Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Cardiac Failure — 1 Day
DUE TO (b): Acute Pneumonitis — 1 Day
DUE TO (c): Acute Hypostatic Congestion — 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to terminal disease condition given in Part I(a): Decompensated Arteriosclerosis Heart Disease, Arthritis Hypertrophic Osteoarthritis, Senile Psychosis, Anemia, General Debility, Blood Depression — Recurrent Bronchitis, Many years

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 602X
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 10/16/56 to 6/18/59 and last saw the deceased alive on 6/18/59
Death occurred at 9:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George L. Mikan M.D. — (Degree or title)
22b. ADDRESS: 3903 Olive
22c. DATE SIGNED: 6/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 22, 1959
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair
25. DATE RECD. BY LOCAL REG.: JUN 19 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. M.T.B.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Clement T. McGeary

Licensed Embalmer No. 3732

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.