

V. S. No. 2  
50M-1/47  
Rev. 5-17-39

**FILED MAR 23 1948 318**  
Registration District No. ....

Primary Registration District No. **1003**

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

200  
119  
444

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 4 hours  
(Specify whether years, months or days) 20

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL") 11

(d) Street No..... 2753 Magnolia  
(If rural, give location) 9

(e) Citizen of foreign country?..... No (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME..... Edna Schnaare

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex..... Female 5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Victor Schnaare

6. (c) Age of husband or wife if alive..... 43 years

7. Birth date of deceased..... October 10th 1909  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 4th  
year..... 1948 hour..... 10 minute..... 00 P. M.

21. I hereby certify that I attended the deceased from.....  
..... 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>4</u>	<u>24</u>	..... hr. .... min.

Immediate cause of death.....  
Diabetes

Due to..... Diabetes

Due to..... 61

Other conditions.....  
(include pregnancy within 3 months of death)

9. Birthplace..... Staunton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... At Home

MOTHER FATHER { 12. Name..... Hampton Wooldridge

13. Birthplace..... Gillespie Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name..... Minnie Perrine

15. Birthplace..... Wilsonville Illinois  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant..... Victor Schnaare

(b) Address..... 2753 Magnolia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 3/8/48  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Staunton, Illinois

18. (a) Signature of funeral director..... BEIDERWIEDEN F. HOME, INC.

(b) Address..... 1936 St. Louis Avenue

19. (a) MAR 6 1948 (Date received local registrar) (b) J. R. Bredenk (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (specify type of place)

While at work?..... (specify type of place)

Means of injury..... 3

23. Signature..... [Signature] (M. D. or other)

Address..... [Signature] Date signed..... 3/6/48

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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. \_\_\_\_\_  
Registered Apprentice No. \_\_\_\_\_

Signed Glenn W. Hays

Licensed Embalmer No. 0 3737

P. O. Address 1936 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.