

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis Children's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 hours
 In this community 6 months
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARVIN VICTOR SCHNAARE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JUNE 28 41
 (Month) (Day) (Year)

8. AGE: Years _____ Months 6 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Stanton, Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Victor N.S. Stanton Schnaare
 13. Birthplace Stanton, Ill
 (City, town, or county) (State or foreign country)
 14. Maiden name Edna Emma Woodbridge
 15. Birthplace Stanton, Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant Patricia Moore
 (b) Address St. Louis Child. Hosp.

17. (a) BURIAL (b) Date thereof JAN 14 1994
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stanton, Ill.

18. (a) Signature of funeral director Breddeck Funeral Home
 (b) Address 1936 St. Louis Ave

19. (a) JAN 12 1994 (b) J. F. Breddeck
 (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 020
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2953 Magnolia
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 13
 year 42 hour 9 minute 25 a. M.
 21. I hereby certify that I attended the deceased from 1-12
 1942 to 1-12 1942
 that I last saw him alive on 1-12
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
(primary) Duration _____
 Due to _____
 Due to _____
 Other conditions otitis media
 (include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy Consented head disease
Bronchopneumonia
 Underline the cause to which death should be charged statistically.

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. J. Bredbeck (M. D. number) _____
 Address 1001 Olive St. Kingshighway Date signed _____

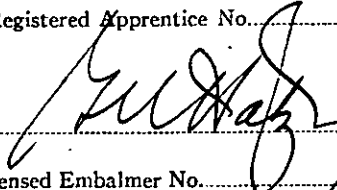
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

106
199

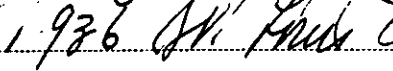
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

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 above constitutes grounds for revocation of license.)

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