

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**MAR 24 1934**

4008

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85

Township \_\_\_\_\_ Primary Registration District No. 119

City St. Joseph, Mo. (No. 714 Lincoln St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 172

**2. FULL NAME Mary Lucinda Schneider**

(a) Residence, No. 714 Lincoln St., \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Easton, Missouri  
(STATE OR COUNTRY)

13. NAME Gottfried Schreiber

14. BIRTHPLACE (CITY OR TOWN) Unknown Germany  
(STATE OR COUNTRY)

15. MAIDEN NAME Lucinda Diegel

16. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Martha Richter,  
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Febr. 1934

19. UNDERTAKER Fleeman Mortuary, Inc.  
(ADDRESS) St. Joseph, Mo.

20. FILED 2-13-34 1934 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to Feb 12, 1934

I last saw her alive on Feb 12, 1934. Death is said to have occurred on the date stated above, at 8:15 A.M. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiency Date of onset \_\_\_\_\_  
Hypertension

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NA

If so, specify \_\_\_\_\_ (Signed) Arthur A. Sawyer M. D.  
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

N. B.—Every item of information should be given. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

