

REC'D APR 19 1938

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

10656

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 295
(b) Township _____ Primary Registration District No. 4179 Registered No. 18
(c) City Sullivan, Mo. Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Schneider, 536
(a) Residence, No. Sullivan, Missouri, St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15th, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Jefferson City, Missouri

FATHER 13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs. Beck,
(ADDRESS) 4902 Tieman Ave. St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE St. James, Mo. DATE March, 30, 193819. FUNERAL DIRECTOR J. T. Williams,
(ADDRESS) Sullivan, Missouri,20. FILED 3/29 1938 Edgar W. Talbot
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 28th, 193822. I HEREBY CERTIFY That I attended deceased from March 19, 1938, to Mar. 27, 1938.I last saw him alive on March 27, 1938. Death is said to have occurred on the date stated above, at 2 a m.

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

Bronchial asthma
Senility
106 a

Date of onset 3-19-38

Other contributory causes of importance:

Name of operation No. Date of _____
What test confirmed diagnosis? Cholesterol 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? No.

If so, specify _____

(Signed) R. C. Fitchell, M. D.(Address) Sullivan, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)