N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 4 1938

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

35646
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade 2 / Registration District No. 307
(b) Township Boulware Primary Registration District No. 5425 Registered No.
(c) City (d) Street No. St.
(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 80 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 536 John H. Schneider
(a) Residence, No. Gasconade County St.
(Usual place of abode, if no street address, write county or city) (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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1858

7. AGE: YEARS 80 MONTHS 6 DAYS 16 26 If LESS than 1 day, ...hrs. or ....min.

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. Farmer
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) Bay Missouri 0

FATHER
13. NAME Henry Schneider 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Caroline Hunicke 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ervin Schneider Swiss, Missouri RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul's Bay DATE 10/12 1938

19. FUNERAL DIRECTOR (ADDRESS) Hugo H. Blumer Hermann, Mo

20. FILED 10-11- 1938 Mrs. F B Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10- 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Oct 10, 1938
I last saw him alive on Oct 10, 1938. Death is said to have occurred on the date stated above, at 5.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
92	

Other contributory causes of importance: Prostatitis + Cystitis

Name of operation none Date of —
What test confirmed diagnosis? — 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) Howard Workman, M. D.
278 (Address) Hermann Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Hugo H. Blumer, Licensed Embalmer No. 3160

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugo H. Blumer

L. E.

No. 3160 or by , Registered Apprentice No.

working under my personal supervision.

Signed Hugo H. Blumer

Licensed Embalmer No. 3160

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)