DEC'D APR 10 1939

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

10589
Do not use this space.

1. PLACE OF DEATH

(a) County Cole 2 Registration District No. 213

(b) Township Jefferson 1 Primary Registration District No. 5293 Registered No. 79

(c) City Jefferson City, Mo. (d) Street No. R.R. # 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

536

2. PRINT FULL NAME Robert Frank Schneiders

(a) Residence, No. R R # 1 Jefferson City, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irma Schneiders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	42	6	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Wardsville, Mo.

FATHER
13. NAME Herman J. Schneiders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toas. Mo.

MOTHER
15. MAIDEN NAME Helen Prenger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toas, Mo.

17. INFORMANT (ADDRESS) Mrs Robtert Schneiders R R # 1 Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's DATE 3/23/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs Jefferson City, Mo.

20. FILED 3/23/ 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1939, to Mar 20, 1939
I last saw him alive on Mar 18, 1939. Death is said to have occurred on the date stated above, at 8:30 m. A.
The principal cause of death and related causes of importance were as follows:

(Sudden Heart failure) Myocarditis — Date of onset 3/18/39

115 C

Other contributory causes of importance: Streptococci Throat infection — 3/12/39

Name of operation None Date of
What test confirmed diagnosis? Physical & Lab 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) [signature], M. D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X14028

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, ...

John F. Heinrichs, or by .....,

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

Signed John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

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, above space should be left blank.

Items # 2,5a,13,17 amended by affidavit of daughter 8-4-89

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Registration District No. 213
Primary Registration District No. 5293
Registered No. 79

2. PRINT FULL NAME Robert Frank ~~Schneiders~~ Schnieders
(a) Residence, No. R R # 1 Jefferson City, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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Male	White	Married

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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toas, Mo.

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R R # 1 Jefferson City, Mo.

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(Licensed Embalmer's Statement on Reverse Side)