

REC'D MAY 22 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
15833
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 682
 (b) Township Salthees Primary Registration District No. 5901 Registered No. _____
 (c) City Bush (d) Street No. Pike County, Missouri 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 1 yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Schindler
 (a) Residence, No. Pike Co. St. Pike Co. Missouri
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1925

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student at
 9. Industry or business in which work was done, as saw mill, bank, etc. Vernon School
 10. Date deceased last worked at this occupation (month and year) Bush, Mo. Total time spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Pike County 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Edward Schindler 0

14. BIRTHPLACE (CITY OR TOWN) St. Louis 0
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Elvina Jeffries

16. BIRTHPLACE (CITY OR TOWN) Rolla County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Albert Schindler
 (ADDRESS) Bush, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bush, Mo. DATE April 16, 1939

19. FUNERAL DIRECTOR (NAME) Ray N. Schwartz
 (ADDRESS) Hannibal, Mo.

20. FILED 4/16 1939 L. L. Linn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1939

22. I HEREBY CERTIFY, that I attended deceased from 3-7 1939 to 4-1 1939

I last saw him alive on 4-1-39 19____. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Kidney
Pneumonia

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None

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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) A. S. Summers M. D.

(Address) Louisa, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-883

Date Filed MAY 3 1939

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.