

REC'D JUL 10 1939

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

22082
Do not use this space.

1. PLACE OF DEATH
(a) County GASCONADE Registration District No. 307
(b) Township BOULWARE Primary Registration District No. 5425 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 5312 GEORGE SCHNEIDER (SR.)
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 11 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED ENGINEER

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

10. Date deceased last worked at this occupation (month and year) 1899 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

13. NAME HENRY SCHNEIDER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME Marie Hipp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) T GERMANY

17. INFORMANT (ADDRESS) Sophie Leimbuehler Bay Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE GIEDENHAGEN CEMETERY DATE 6-30 1939
M.T. STERLING

19. FUNERAL DIRECTOR (ADDRESS) W.F. Patterson Owensville Mo

20. FILED 6-29 1939 Mrs F.H. Myer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27th 1939

22. I HEREBY CERTIFY, That I attended deceased from From Sept 2, 1938, to June 27th 1939
I last saw him alive on June 27th 1939 Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Bladder Date of onset Sept 1938

Other contributory causes of importance: 51

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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) E.G. Rhodius, M. D.
Address) Bay Mo.

WRITE 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.

STATEMENT BY LICENSED EMBALMER

I, Milford H. H. Winter....., Licensed Embalmer No. 3838

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

L. E.

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

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

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.)