

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

29934

Do not use this space.

REC'D SEP 19 1939

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677

(b) Township Primary Registration District No. 4403 Registered No. 82

(c) or City Rolla (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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Walter Shinemann

(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 <u> Male </u>	4. COLOR OR RACE <u> White </u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u> married </u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> Marie Luning Shinemann </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u> May 4, 1876 </u>				
7. AGE	YEARS <u> 63 </u>	MONTHS <u> 3 </u>	DAYS <u> 2 </u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u> at Home </u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> 1 </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> Milford Mich </u>				
FATHER	13. NAME <u> Frederick M. Shinemann </u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> Baden Germany </u>			
MOTHER	15. MAIDEN NAME <u> Rose Barnes </u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> Milford Mich </u>			
17. INFORMANT <u> Mrs. Walter Shinemann </u> (ADDRESS) <u> Rolla Mo. </u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u> Rolla </u> DATE <u> Aug 7 </u> 19 <u> 39 </u>				
19. FUNERAL DIRECTOR (NAME) <u> Mrs. Harry McCaul </u> (ADDRESS) <u> Rolla, Mo. </u>				
20. FILED <u> Aug 7 </u> 19 <u> 39 </u> <u> Joe F. Ayers </u> (Address) <u> </u> (Local Registrar)				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 19 39

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 19 39 to Aug 5 19 39

I last saw him alive on Aug 5 19 39 at Found. Baden

Death is said to have occurred on the date stated above, at m. Bed.

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

mitral regurgitation

Date of onset

Other contributory causes of importance: a2k

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) Arthur M. Hartland (Address) Rolla, Mo.

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 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.

RECEIVED

District Health Officer No. 5,

District File Number. 129 234

Date Filed 9/3/39

Signed Mrs. Harry M. Caw

Licensed Embalmer No. 1814

P. O. Address Rella M.

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.