DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35881

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 247

1. PLACE OF DEATH: 2

(a) County Cole

(b) City or town Jefferson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1111 St. Mary's Blvd (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED: S

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John A. Schneider 536

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 28 (Day) 1878 (Year)

8. AGE: Years 60 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Jefferson City, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Janitor in Schools 0

11. Industry or business 1

FATHER
12. Name John Schneider 6
13. Birthplace Germany (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Margaret Walther
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Conrad Schneider

(b) Address 1111 St. Mary's, Jefferson City, Mo

17. (a) St. Peters Cem (Burial, cremation, or removal) (b) Date thereof Oct-24-1938 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo

18. (a) Signature of funeral director Mark L. Gordon

(b) Address Jefferson City Mo

19. (a) 10/25/39 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1939 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from July 1st, 1937, to Oct 21, 1939 that I last saw him alive on October 21, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mesenteric Thrombosis	24 hrs
Due to Old Rheumatic Heart disease	
Due to Auricular Fibrillation	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95 C	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. A. Ossman M.D. (M. D. or other)

Address Jefferson City Mo Date signed 10-23-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 Fred P Dulle, Registered Apprentice No. ....., working under my personal supervision.

Signed Fred P Dulle

Licensed Embalmer No. 3890

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.