

Registration District No. 490 Primary Registration District No. 5653 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Siles, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
- years, months or days) 5 3/4

USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln
(c) City or town Siles, Mo.
(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.

8. (a) PRINT FULL NAME Louis Schneidler

3. (b) If veteran, name war no. 8. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Schneidler 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 4 - 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Rhineclaud, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name Ludwig Schneidler

13. Birthplace Rhineclaud, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Resolara Jan Deen

15. Birthplace Rhineclaud, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Schneidler
(b) Address Siles, Mo.

17. (a) Burial (b) Date thereof Jan 6 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millwood Cem.

18. (a) Signature of funeral director J. R. Dammann
(b) Address Siles, Mo.

19. (a) Jan 5 - 1940 (b) O. H. Dammann
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 - 1940
year 1940 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from December 25 - 1939 to Jan 4 - 1940

that I last saw him alive on Jan 4 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
also had influenza

Due to _____

Due to _____

Other conditions Influenza
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. H. Dammann (M. D. or other) _____
Address Siles, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

W. R. [Signature]

Licensed Embalmer No. 2251

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.