

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7466

State File No. _____

Registration District No. _____

Primary Registration District No. 5878

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Central Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Perryville, Mo. R.F.D.#4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Perryville, Mo. R.F.D.#4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hubert Boniface Schindler

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-18-5981

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

6. (b) Name of husband or wife Ida Mertz 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. 22, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 10 8
hr. min.

9. Birthplace Perry County, Mo. U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Ferdinand Schindler

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

14. Maiden name Rosie Unverferth

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

16. (a) Informant Ida Schindler

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof Oct. 3, '41
(Burial, _____) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hope Cem. Perryville, Mo.

18. (a) Signature of funeral director Ben Funeral Home

(b) Address Perryville, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1941 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 23
1941, to Sept 30 1941;

that I last saw him alive on Sept 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis

Due to _____

Other conditions _____
(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 Tom Wildman (M. D. or other) DO

Address Perryville, Mo Date signed 9/30/41

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

MOTHER FATHER

1110

(Licensed Embalmer's Statement on Reverse Side)

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. *3866*

P. O. Address *Perryville, 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, fact should be so stated above.

