FILED AUG 21 1942

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

28072

Do not use this space.

1. PLACE OF DEATH
(a) County St Charles. Registration District No. 760 B 92
(b) Township Dardenne Primary Registration District No. 6001 0 Registered No. 178
(c) or City Weldon Spring (d) Street No. 1 0 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 30 yrs. 9 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leora Helena Schneider
(a) Residence, No. Weldon Spring St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 1
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 0 Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29-1911
7. AGE YEARS 30 MONTHS 9 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weldon Spring Mo 0

FATHER
13. NAME John Adam Schneider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weldon Spring Mo 0

MOTHER
15. MAIDEN NAME Anna F Sorenberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weldon Spring Mo 0

17. INFORMANT (ADDRESS) Anna F Schneider Weldon Spring Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Weldon Spring DATE July 16 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) T E Pitman Wentzville Mo
20. FILED July 23 1942 E. A. Kerthley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1942
22. I HEREBY CERTIFY, That I attended deceased from June 1 1942 to July 16 1942
I last saw her alive on July 12 1942. Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Encephalitis	

Other contributory causes of importance: Imbecility

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) J. M. Jenkins, M. D.
(Address) St Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

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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.

50M-9-19-38 I X16605

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 T. E. Pilcher

Licensed Embalmer No. 2711

P. O. Address Weatzville, 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.