

S. No. 2
M-2-43
5-17-39
I X35627

18865

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 8 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 157

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

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution: 916 E. 7TH ST. 1
(If not in hospital or institution, write street number or location)

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

In this community 30 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

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

(d) Street No. 916 E. 7TH ST.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAULINE SCHNEIDER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 8TH
year 1944 hour 1 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 2-44
_____ 19____ to May 8-44 19____
that I last saw h. _____ alive on May 7 19____
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased 11 - 25 - 1861
(Month) (Day) (Year)

Immediate cause of death
Coronary thrombosis

Due to Coronary sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
82 5 13 _____ hr. _____ min.

9. Birthplace BELLEVILLE ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name CHAS SCHNEIDER

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

14. Maiden name AGNES BIEBEL

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

16. (a) Informant BERT BIEBEL

(b) Address MARSHALL, Mo.

17. (a) Burial (b) Date thereof 5-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARSHALL, Mo.

18. (a) Signature of funeral director GILLESPIE

(b) Address SEDALIA

19. (a) 5/8/44 (b) Dr. A. A. Berger
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address Sedalia Mo Date signed 5/8/44

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

Case File Number.....

Date Filed 6-2-44

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sealain 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.