. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23523

FILED JUL 21 1945

Registration District No. 42 Primary Registration District No. 1 Registrar's No. 754

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: in Ambulance enroute to Mo. Meth Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1301 1/2 Sylvania (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick C. Schneider
3. (b) If veteran, name war —
3. (c) Social Security No. 491-10-7753
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Iva
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April (Month) 28 (Day) 1875 (Year)

8. AGE: Years 70 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Andrew Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer - Retired Salesman
11. Industry or business
FATHER
12. Name Nicholas Schneider
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Caroline Schindler
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Iva Schneider
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (c) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo.
19. (a) 7-14-45 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1945 hour 7 minute 30 P.M.
21. I hereby certify that I ~~attended the~~ Viewed deceased from 7/13th, 1945, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 B. W. Tadlock Coroner (M. D. or other)
Address ~~[illegible]~~ King Hill Bldg Date signed 7-13-45

1371

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1945

2 6 1948

MAY 2 6 1948

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 Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.