S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

8021

State File No. 403

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No.

**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: 2003 South 8th St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 42 years 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. 2003 South 8th St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Scheinert
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Georgia
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April 22, 1876 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Milwaukee, Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation Section Foreman Retired
11. Industry or business Union Terminal Ry
FATHER
12. Name Joseph Scheinert
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Poland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Georgia Scheinert
(b) Address 2003 So 8th St, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cemetery
18. (a) Signature of funeral director Barry Funeral Home
(b) Address St. Joseph, Mo.
19. (a) 3-21-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 14 year 1947 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 10 March 1947 to 14 March 1947 that I last saw him alive on 14 March 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bronchial Pneumonia | 4 Da. |
| Due to Senility | I Yr. |
| Due to | |
| Other conditions None (Include pregnancy within 3 months of death) | |
| Major findings: Of operations None | |
| Of autopsy None | |

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 [signature] (M. D. or other)
Address St. Joseph, Mo. Date signed 17 Mar 47

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(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 Mollie E. Sidenfaden Fo

Licensed Embalmer No. 4235

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.**