

S. No. 2
4-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11924

State File No. _____

FILED MAY 13 1948

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 108

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution 1414 W. M. Carty
(d) Length of stay: In hospital or institution 35 yrs.
In this community 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(d) Street No. 1414 W. M. Carty
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Julius Schnieder.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased July 4, 1884

8. AGE: Years 63 Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Mexico Mo. (State or foreign country) 0

10. Usual occupation Painter

11. Industry or business Painter

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant James Schnieder

(b) Address Jefferson City MO

17. (a) Burial (b) Date thereof 4-30-48

(c) Place: burial or cremation Reveries

18. (a) Signature of funeral director R. P. Darrin

(b) Address Jefferson City Mo.

19. (a) 5-17-48 (b) R. P. Darrin MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1948 hour 3 minute a M.

21. I hereby certify that I attended the deceased from April 26, 1948 to April 28, 1948
that I last saw him alive on April 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to arteriosclerotic heart d.

Due to Pyrorespiration

Other conditions: _____

Major findings: 9 m 2
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (e) Means of injury 0

23. Signature J. Tanagawa (M. D. or other) MD
Address 1340 W. Main Bldg Date signed 4/28/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
MAY 12 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.....

Licensed Embalmer No. *4321*

P. O. Address.....
Jefferson City, 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.