

FILED JUL 7 - 1951

STANDARD CERTIFICATE OF DEATH

State File No. **19831**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **119** PRIMARY REG. DIST. NO. **#193** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hermann</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hermann</b>	
c. LENGTH OF STAY (In this place) <b>43 yrd</b>		<b>1371</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>E. Second St</b>		d. STREET ADDRESS (If rural, give location) <b>E. Second St</b>	

3. NAME OF DECEASED (Type or Print) <b>ROBERT</b> a. (First) <b>SCHINDLER</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>May 31 1951</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 23rd. 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Common Babor</b>	11. BIRTHPLACE (State or foreign country) <b>Swiss, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	

13a. FATHER'S NAME <b>Jacob Schindler</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Phillips</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Schindler</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Robert Schindler, Hermann, Mo</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4/43X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 12, 1950**, to **May 30, 1951**, that I last saw the deceased alive on **May 30, 1951**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. G. Rhodius M.D.</b> (Degree or title)	23b. ADDRESS <b>Hermann Mo</b>	23c. DATE SIGNED <b>6/1/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-2-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hermann City Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Hermann, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hugon Blument Hermann, Missouri</b>
DATE REC'D BY LOCAL REG. <b>6/1/51</b>	REGISTRAR'S SIGNATURE <b>J. M. ...</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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File No.

DISTRICT HEALTH OFFICE No. 4

JUL - 5 1951

RECEIVED

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

working under my personal supervision.

Student Embalmer No. ....

Signed

*Hugo H. Blum*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.