

STANDARD CERTIFICATE OF DEATH

FILED APR 1 1957

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington, Mo.</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Hermann</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <u>0371</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>	b. (Middle)	c. (Last) <u>Schneider</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 18, 1882</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 Year Months <u>1</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Shoemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Weldon Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adam Schneider</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Schneider</u>	14. NAME OF HUSBAND OR WIFE <u>Caroline Schneider</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-07-7201</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gilbert Mundwiler Hermann, 6</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid colon</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis Chr. myocardiopathy</u>		153x	

19a. DATE OF OPERATION <u>3-18-57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Carcinoma of sigmoid colon</u>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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 3-1, 1957 to 3-29, 1957, that I last saw the deceased alive on 3-29, 1957, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Schneider MD</u> (Degree or title)	23b. ADDRESS <u>2nd & Van Washington Mo</u>	23c. DATE SIGNED <u>3-29-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Mar. 29, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 30, 1957</u>	REGISTRAR'S SIGNATURE <u>L. L. Heidmann</u>	GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Elmer R. Heidiger Hermann, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

79-1

APR 11 1957

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 Albert H. Hoppe Inc., St. Louis, Mo., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. Ruediger

Licensed Embalmer No. 2044

P. O. Address Hermann, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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