

MAR 25 1930

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

4177

## 1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 927 E. Hyde Park)

File No. \_\_\_\_\_  
Registered No. 247  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Reinhold Schonewetter

(a) Residence No. 927 E. Hyde Park Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? 68 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26, 1930<sup>19</sup>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fredericka Schonewetter

17. HEREBY CERTIFY, That I attended deceased from Jan 24 - 1930, to Feb 26 - 1930  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 7:25 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19, 1841

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 7 7

General arterio Sclerosis

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

930  
97 (duration) 6 yrs. mos. ds.  
CONTRIBUTORY Chronic Myo Carditis (SECONDARY)  
(duration) 1 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Belgion  
(STATE OR COUNTRY) Germany

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_10. NAME OF FATHER UnknownDID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) John D. Tucker, M. D.  
2/26, 1930 (Address) St Joseph Mo

12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT J. W. Ebling  
(Address) 927 E. Hyde Park Ave.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nevada, Missouri  
DATE OF BURIAL Feb. 28, 1930<sup>19</sup>

15. FILED FEB 26 1930 John G. [Signature] REGISTRAR

20. UNDERTAKER Fred D. Clark 5025 King Hill  
ADDRESS \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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