

JUN 25 1930

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

Do not use this space.

15818

1. PLACE OF DEATH

County GASCONADE
Township.....
City HERMANN (No.....)

Registration District No. 303
Primary Registration District No. 4182

File No.....
Registered No.....
St..... Ward)

2. FULL NAME

BERTHA SCHNEIDER

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XAVIER SCHNEIDER</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>SEPT-17-1857</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>7</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>HOUSEWIFE</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		
9. BIRTHPLACE (CITY OR TOWN) <u>HERMANN</u> (STATE OR COUNTRY) <u>MO</u>		
PARENTS	10. NAME OF FATHER <u>JOHN B. MEYER</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	
	12. MAIDEN NAME OF MOTHER <u>MARIE VIESS</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	
14. INFORMANT..... (Address) <u>Mr Robert Meert</u> <u>HERMANN, MO</u>		
15. FILED <u>5-10</u> 19 <u>30</u> <u>Anna Rieckhoff</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1930, to May 9th, 1930, that I last saw h. alive on May 9th, 1930, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Left cerebral apoplexy
80
90

(duration) yrs. 3 mos. 6 ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis
chronic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical observation
(Signed) John H. Backe, M. D.
May 10 1930 (Address) Hermann Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL BERGER Ma. Catholic Cem. DATE OF BURIAL 5/17 1930

20. UNDERTAKER Herman Blumer ADDRESS Hermann Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

