

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

Do not use this space.

1. PLACE OF DEATH

County FRANKLIN
Township BOEHF
City (No. _____) _____ St. _____ Ward _____

Registration District No. 292
Primary Registration District No. 5410

File No. 19367
Registered No. _____
St. _____ Ward _____

2. FULL NAME

ALBERT SCHNAIDARWIND

(a) Residence, No. _____ St. _____ Ward _____ (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? 55 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>DIVORCED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u> <u>✓</u> <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT. 15-1857</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>7</u>
		DAYS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RETIRED</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) H. A. Borchardt
BERGER, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stony Hill DATE JUNE 10, 1933

19. UNDERTAKER (ADDRESS) HERMAN BLYMER
BERGER, MO.

20. FILED 6-9 1933 J. Shewell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 8 1933 12¹⁵ AM

22. I HEREBY CERTIFY, That I attended deceased from June 4 1933, to June 8 1933.
I last saw him alive on June 6 1933. Death is said to have occurred on the date stated above, at 12:45 pm.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
J. B. W.
Date of onset June 4-33

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify John Engelbrecht

(Signed) Stony Hill, Mo. M. D.
(Address) Stony Hill, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 21 1933

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