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.

SEP 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County [redacted] Registration District No. 86 File No. 28429

Township Buchanan Primary Registration District No. 5127 Registered No. 79

City Washington, (No. 2 mi. No. of Claire, Mo. St. Ward)

2. FULL NAME Katherine Eiman Schindler

(a) Residence, No. Wash. Twp. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry F. Schindler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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) Bern, Switzerland.

FATHER

13. NAME Peter Eiman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern, Switz.

MOTHER

15. MAIDEN NAME Katherine Schneider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern, Switz.

17. INFORMANT (ADDRESS) Frank A. Schindler St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem. DATE Aug-10-1934

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED Aug 8, 1934 J. J. Bronshaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to Aug 8, 1934

I last saw her alive on Aug 5, 1934 Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

Extream Heat and Infirmities of Old age

Date of onset

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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 —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. T. Stamey, M. D.

(Address) 2624 St. Joe Ave. St. Joseph, Mo.