

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.

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

Do not use this space.

JAN 22 1935

42566

1. PLACE OF DEATH

County *Franklin*

Registration District No. *297*

File No.

Township

Primary Registration District No. *3016*

Registered No. *113*

City *Washington* (No.) St. Ward)

2. FULL NAME

Chas. Christopher Schneeberger

(a) Residence, No. *Pacific, Mo.* St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. *3* mos. *25* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Widower*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 4-1853*

7. AGE YEARS *81* MONTHS *8* DAYS *9* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Tanner*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*
10. Date deceased last worked at this occupation (month and year) *Nov. 1934* 11. Total time (years) spent in this occupation *unknown*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

13. NAME *Jacob Schneeberger*

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) *Chas. Schneeberger 7417 Rupert Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *High Ridge Mo.* DATE *12/15/34*

19. UNDERTAKER (ADDRESS) *W. Brimmer House Springs Mo.*

20. FILED *Dec. 13-1934* *H. May Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-13-1934*

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 18*, 19*34*, to *Dec. 13*, 19*34*

I last saw him alive on *Dec. 12*, 19*34* Death is said to have occurred on the date stated above, at *3:02 a.m.*

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

Fracture Right leg
(The deceased was hit by an automobile while walking on the shoulder of the highway.)
210 ft

Date of onset *8-18-34*

Other contributory causes of importance: *Arteriosclerosis*

Name of operation *Reduce fracture* Date of *9-18-34*
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? *Accident* Date of injury *8-18-1934*
Where did injury occur? *Union Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Public Place (Highway)*
Manner of injury *Automobile accident*
Nature of injury *Fracture Rt. Leg, Contusions*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *39 months*
(Signed) *Washington Mo* M. D.
(Address) *Washington Mo*

