

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

Do not use this space.

MAR 5 1935

2611

1. PLACE OF DEATH

County St. Charles
Township La Grange
City Wentzville (No. _____ St. _____ Ward)

Registration District No. 759
Primary Registration District No. 6500

File No. _____
Registered No. 1

2. FULL NAME

Armond Cholischus Schneider

(a) Residence, No. _____ St. _____ Ward. _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Schneider</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 13 - 1872</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	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)	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Ky</u>	
	13. NAME <u>Wm. Schneider</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Kentucky</u>	
	15. MAIDEN NAME <u>Dora Knoen</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Kentucky</u>	
	17. INFORMANT (ADDRESS) <u>Samuel Schneider Wentzville, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wentzville, Mo.</u> DATE <u>Jan. 25 1935</u>		
19. UNDERTAKER (ADDRESS) <u>P. E. Peterson Wentzville, Mo.</u>		
20. FILED <u>1-25-</u> 19 <u>35</u> <u>O. A. Mulm</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-1935

22. I HEREBY CERTIFY, That I attended deceased from Med Request Jan 22 1935
Next saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:
Natural causes probably some heart disease
Date of onset about Jan 1 1935

Other contributory causes of importance:
The coroner viewed remains

Name of operation none Date of _____
What test confirmed diagnosis? Inquest Was there an autopsy? no

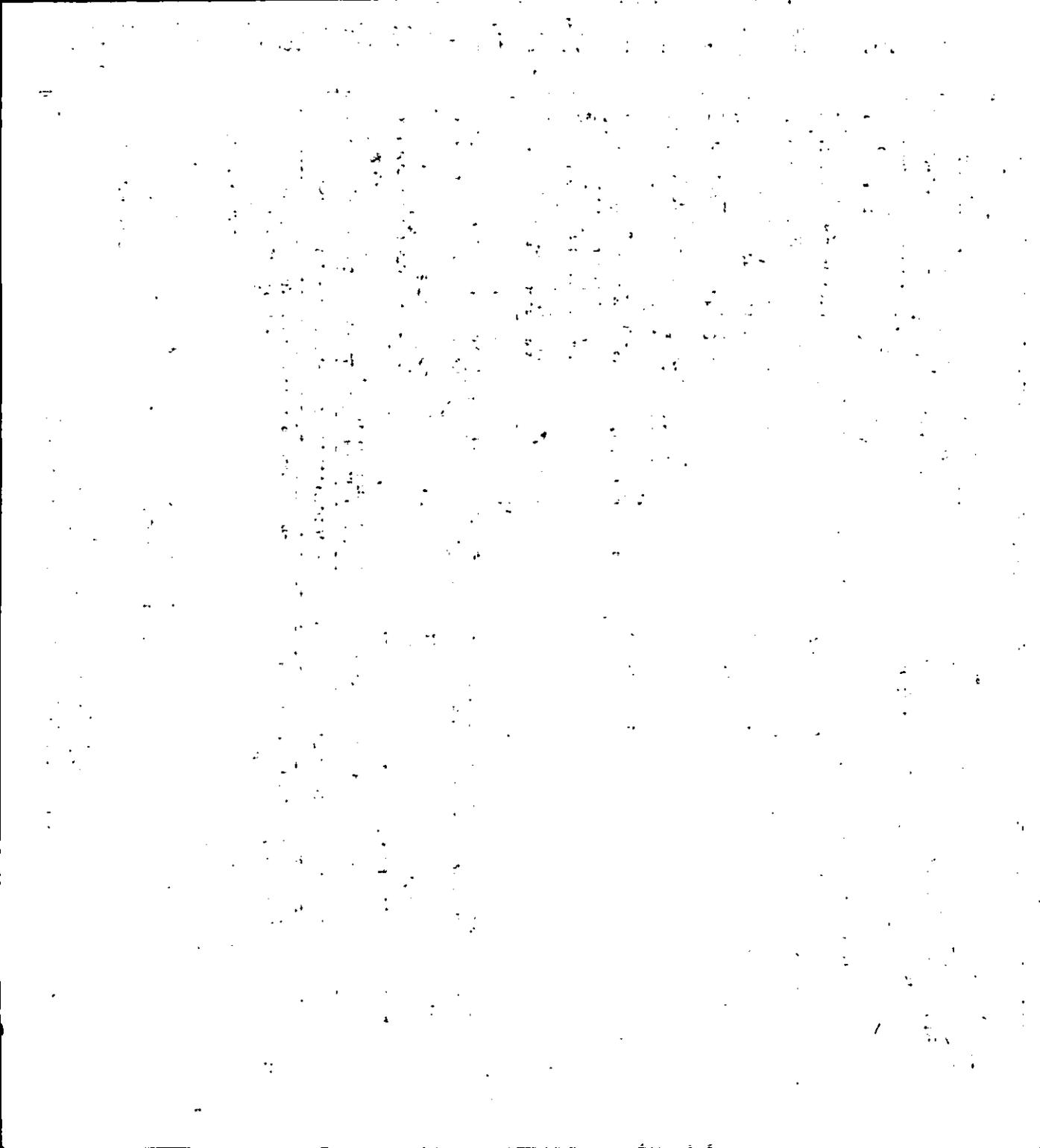
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Wm. L. Freeman, M. D.
(Address) St. Charles 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.

WRITE PLAINLY, WITH SUFFICIENT DETAILS



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Charles
Township.....
City..... (No. St. Ward)

Registration District No. 759
Primary Registration District No. 6000

File No.....
Registered No. 1

2. FULL NAME

Armond Chaleschus 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

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

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE: YEARS 62 MONTHS 4 DAYS 9 If LESS than 1 day, hrs. or min.

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

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

Heart disease Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Probably Angina Pectoris

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: 940

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

13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury

PLACE DATE 19.....

Nature of injury

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

20. FILED May 2, 1935 G. A. Michler

Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-2611