

MAR 18 1937

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

Do not use this space.

5818

1. PLACE OF DEATH

36 County Franklin
7 Township
2 City Union

Registration District No. 296
Primary Registration District No. 4180

File No.
Registered No.
St. Ward)

2. FULL NAME C. H. Schenmeyer

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
26 84 6 5

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. tire laborer

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

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

15. MAIDEN NAME

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

17. INFORMANT B. J. Ficke
(ADDRESS) Gerald, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Union, Mo. DATE Feb. 26 1937
Potters Field

19. UNDERTAKER Union Funeral Home (Wm. H. Horn)
(ADDRESS) Union, Mo.

20. FILED Mar 37 J. Marshall M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to 2-20, 1937

I last saw him alive on 2-20, 1937. Death is said to have occurred on the date stated above, at 10:15am.
The principal cause of death and related causes of importance were as follows:

myocarditis
(Chronic)

Date of onset

Other contributory causes of importance: Senility

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

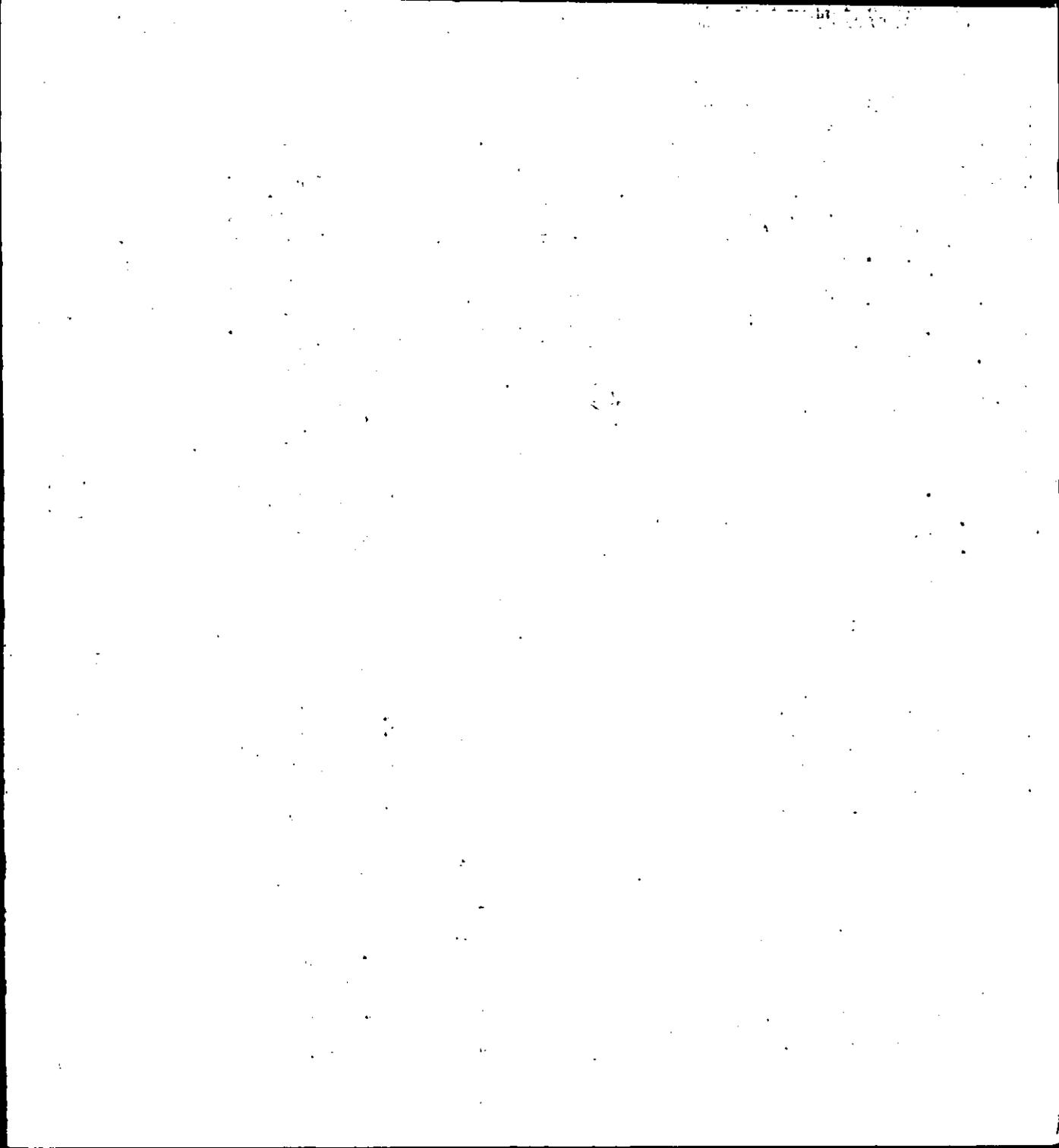
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Marshall M. D.
Union, Mo. (Address)

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.



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1. PLACE OF DEATH

County Franklin

Registration District No. 296

File No. 5818

Township Union

Primary Registration District No. 4180

Registered No. _____

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

(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 s (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-1937

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

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1939 to 2-20, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1852

I last saw him alive on 2-20, 1937 Death is said to have occurred on the date stated above, at 10:15 A.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 5

Date of onset ?

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

Myocarditis (Chronic)

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 _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hennepin, Minn.

Senility

13. NAME Unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

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

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

17. INFORMANT B. J. Ficke (ADDRESS) Grand Missouri

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Union, Mo DATE Feb. 26, 1937

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

19. UNDERTAKER Wm. H. How (ADDRESS) Union, Mo

If so, specify _____ (Signed) J. P. Marshall, M. D. (Address) Union, Mo

20. FILED March 1937 J. P. Marshall Registrar

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

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