DEC 5 1938

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

39994
Do not use this space.

1. PLACE OF DEATH
(a) County: Perry
(b) Township:
(c) City: Perryville Mo
(d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 160
Primary Registration District No. 4396
Registered No.

2. PRINT FULL NAME Mary P. Schindler
(a) Residence, No. 534 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Schindler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24 1866
7. AGE: Years 72 Months 4 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as saw mill, bank, etc.: House Wife
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): Perry Co. Mo

FATHER
13. NAME: Frank Gagnepain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER
15. MAIDEN NAME: Elizabeth Crow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): John Schindler Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Perryville Mo DATE: Nov 12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Yaggy & Sons Perryville Mo

20. FILED: Nov 11, 1938 John J. Fulton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to Nov 9, 1938
I last saw her alive on Nov 8, 1938. Death is said to have occurred on the date stated above, at 9 o'clock p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Nov 7
Other contributory causes of importance:	
Chronic pulmonary tuberculosis, bilateral	2 to 3 yrs

Name of operation: none Date of:
What test confirmed diagnosis? — 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) Oscar A Carron, M. D.
(Address) Perryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.