

REC'D MAR 13 1939

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

5960  
Do not use this space.

## 1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85  
 (b) Township WASHINGTON Primary Registration District No. 1001 Registered No. 171  
 (c) City ST. JOSEPH (d) Street No. 805 E. HYDE PARK 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRED SCHNEIBEL

(a) Residence, No. 805 E. H. YDE PARK AVENUE St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 KATHERINE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 18, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
83 4 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. EMPLOYEE  
 9. Industry or business in which work was done, as saw mill, bank, etc. SWIFT AND COMPANY,  
 10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 37

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

13. NAME UNKNOWN SCHNEIBEL

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) MRS. ROSE McCUMBER 805 E. HYDE PARK, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE King Hill Cem. DATE 2/24/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MO.

20. FILED 2/24/39 A. J. Northrup Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB, 21, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from 1-25-1939 to 2-21-1939

I last saw h. i. m. alive on 2-21-1939. Death is said to have occurred on the date stated above, at 8:30 P. M.

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

Chronic Pericarditis  
Senility  
171

Other contributory causes of importance:  
Chronic Nephritis  
Arteriosclerosis

Name of operation none Date of             
 What test confirmed diagnosis? ht Was there an autopsy?           

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? no  
 If so, specify             
 (Signed) A. J. Northrup, M. D.  
 (Address) 872 Tenth St.

**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, JOHN E. RUPP

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

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

Signed.....

*John E. Rupp*  
Licensed Embalmer No. 3986  
1946 COLMOY ST.  
P. O. Address St. Joseph, Mo.

**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.**