

REC'D MAR 9 1939

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

6925
Do not use this space.

1. PLACE OF DEATH *Jefferson*
 (a) County *Jefferson* Registration District No. *423*
 (b) Township *Rock* Primary Registration District No. *5578*
 (c) City _____ (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.
 2. PRINT FULL NAME *536 EDNA SCHNEIDER*
 (a) Residence, No. _____ St. (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 *Emil Schneider*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 24, 1917*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 2 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *House Wife*
 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) *2-16-39* 11. Total time (years) spent in this occupation *Life*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hillsboro mo.*
 FATHER 13. NAME *Oscar Ehlers*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hillsboro mo.*
 MOTHER 15. MAIDEN NAME *Pauline Bassel*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Antonia mo.*
 17. INFORMANT *Emil Schneider*
 (ADDRESS) *Immigrant - mo RR #2*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Cypress Cemetery* DATE *Feb 19th 1939*
 19. FUNERAL DIRECTOR *Heiligtag Funeral Home*
 (ADDRESS) *at Independence mo RR #2*
 20. FILED *Feb 16 1939* *Phil J. Kirk*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 16th 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *Nov. 2, 1938* to *Dec 22, 1938*
 I last saw her alive on *Feb 16, 1939*. Death is said to have occurred on the date stated above, at *2:30 a.m.*
 The principal cause of death and related causes of importance were as follows:
Uremia
 Date of onset *1/21*
 Other contributory causes of importance:
Chronic Interstitial nephritis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____ (Signed) *Paul J. Sussner, M.D.*
 (Address) *4930 Ruelle St*

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.

50

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Elmer Heiligtag, Licensed Embalmer No. 3571

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Elmer Heiligtag
Licensed Embalmer No. 3571

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.)