DEC'D APR 10 1939

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

Do not use this space. 11769

1. PLACE OF DEATH
County Osage 2 1 Registration District No. 641 File No. 5
Township Jackson Primary Registration District No. 5850 Registered No.
City (No. , St. Ward)

2. FULL NAME Christene Stuckenschneider
(a) Residence, No. Argyle St., Ward. (If nonresident, give city or town and State)
(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.

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 Conrad Stuckenschneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1860

7. AGE YEARS 78 MONTHS 7 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) westphalia mo

FATHER
13. NAME Gerhard Schauwecker 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 0

MOTHER
15. MAIDEN NAME Mary Heckemeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) westphalia mo

17. INFORMANT (ADDRESS) Conrad Stuckenschneider Argyle

18. BURIAL, CREMATION, OR REMOVAL PLACE St Aloysius Cemetery DATE Mar 18 1939

19. UNDERTAKER (ADDRESS) H H Strop Meta mo

20. FILED Mar 17 1939 Robert Prater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1938, to March 16, 1939.
I last saw her alive on Feb 10th, 1939. Death is said to have occurred on the date stated above, at 9 h. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	

Other contributory causes of importance: Mitral Regurgitation

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) Henry G. Isenberg, M. D.
(Address) Argyle mo

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.

100M-11-24-33