

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

14806  
Do not use this space.

1939 MAY 18

1. PLACE OF DEATH

(a) County Franklin Registration District No. 2924

(b) Township Boeuf Primary Registration District No. 3-4-10

(c) City Etlah, Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(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 William Oscar Schniederjohn

(a) Residence, No. Etlah, Mo. St.  (If nonresident, give city or town and State) AM

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1891

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

47 " 5 20

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) Jan. 1939 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Etlah, Mo.

FATHER 13. NAME Ernst Wm. Schniederjohn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger, Mo.

MOTHER 15. MAIDEN NAME Caroline Winnstoerfer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger, Mo.

17. INFORMANT Mrs. Caroline Berlemann (ADDRESS) Berger, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Etlah, Mo. DATE April 28, 1939

19. FUNERAL DIRECTOR (NAME) Herman Blumer (ADDRESS) Berger, Mo. 265

20. FILED Apr. 27, 1939 Jeffie Grammesman Local Registrar

**MEDICAL CERTIFICATE OF DEATH 12:05**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1939 to April 26, 1939.

I last saw him alive on April 25, 1939. Death is said to have occurred on the date stated above, at 12 midnight.

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

Pulmonary Tuberculosis Date of onset 7

Other contributory causes of importance: 2 2'

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None 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? No

If so, specify \_\_\_\_\_ (Signed) B. P. Giamman M. D.

(Address) New Haven, Mo.

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, ~~XXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~  
Registered Apprentice ~~XXXX~~

~~Working under my personal direct supervision~~

Signed

*Herman Bleumer*

• • • Licensed Embalmer No. 528

P. O. Address Berger, 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.**