

23106

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

RECD JUL 1 1939

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

## 1. PLACE OF DEATH

County *St. Charles* 2Registration District No. *913*Township *Tr. Page* 1Primary Registration District No. *5996 B*

City \_\_\_\_\_ (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. *67* mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

*F*

## 4. COLOR OR RACE

*W*

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*W*

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

*Widow of John Muschany*6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 15, 1854*

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

*85**5**8*

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

*House work*

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) *St. Charles Co*  
(STATE OR COUNTRY) *Mo*

## 10. NAME OF FATHER

*John Schneider*

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Germany*

## 12. MAIDEN NAME OF MOTHER

*Catheran Long*

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Germany*

## 14.

INFORMANT  
(Address)*Daisy Sullen 683  
Hamburg Mo*

## 15.

FILED

*5/24/39 O.R. Buenneman  
REGISTRAR*

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 23 1939*

## 17.

I HEREBY CERTIFY, That I attended deceased from *Feb 25*, 19*39*, to *May 23*, 19*39*, that I last saw him alive on *May 18*, 19*39*, and that death occurred, on the date stated above, at *5750 A* m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Senility, Arterio Sclerosis*(duration) *2* yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## CONTRIBUTORY (SECONDARY)

*fibroid tumor of heart* (duration) \_\_\_\_\_ yrs. *17* mos. \_\_\_\_\_ ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. *55th*

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical symptoms*(Signed) *O.R. Buenneman*, M. D.*May 24, 1939* (Address) *Geo. Wells Md*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

*Evangel Cemetery  
Hamburg Mo.*

## DATE OF BURIAL

*May, 26*

## 20. UNDERTAKER

*Morris Muschany*

## ADDRESS

*Hamburg Mo*

