

REC'D AUG 7 1939

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

24773

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Raw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. St. Josephs Hospital Registered No. 2986  
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Matilda Schneider

(a) Residence, No. 300 South Lawn 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
76 4 9

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

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) July 5, 1939 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) Leavenworth (STATE OR COUNTRY) Kansas

FATHER 13. NAME Brasmus Martin  
14. BIRTHPLACE (CITY OR TOWN) Denmark (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Nelson  
16. BIRTHPLACE (CITY OR TOWN) Denmark (STATE OR COUNTRY)

17. INFORMANT Mrs. Pearl Lepard (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Memorial Park PLACE DATE 7/26/39

19. FUNERAL DIRECTOR (NAME) K.C.K. Geo. H. Long (ADDRESS) Kansas City, Kansas

20. FILED July 24, 1939 M. M. Brower Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939 to July 23, 1939  
I last saw her alive on July 23, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Acute & Chronic Coronary Thrombosis Date of onset 1939  
Acute & Chronic Myocarditis 9/30

Other contributory causes of importance:

Chronic Schenosis

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) P. L. St. Clair, M. D.  
(Address) 5242 S. John

**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, .....

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

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

Signed..... *Char H. Rider* .....

Licensed Embalmer No. *3404* .....

P. O. Address *Kansas City, 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.**