

NOV 24 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36030
Do not use this space.

1. PLACE OF DEATH

(a) County GASCONADE Registration District No. 302
 (b) Township CLAY Primary Registration District No. 6231
 (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

556 HERMAN SCHUENEMEYER
 (a) Residence, No. GASCONADE COUNTY St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ALVIENE BIELE</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUG 24 1858</u>				
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>FARMER</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>FARMING</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1938</u>			
				11. Total time (years) spent in this occupation. <u>65</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>OWENSVILLE MISSOURI</u>			
	13. NAME <u>CLAUS SCHUENEMEYER</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>GERMANY</u>			
	15. MAIDEN NAME <u>CATHERINE LANKENAU</u>			
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>GERMANY</u>				
17. INFORMANT <u>Walter Schueneberger</u> (ADDRESS) <u>Owensville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>CEMETERY</u> PLACE <u>OWENSVILLE CITY</u> DATE <u>OCT. 14 1939</u>				
19. FUNERAL DIRECTOR <u>W. F. Estenhardt</u> (ADDRESS) <u>Owensville Mo</u>				
20. FILED <u>10-12 1939</u> <u>BA Bunge</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 10 1939

22. I HEREBY CERTIFY, That I attended deceased from 6 - 10 1939 to 10 - 3 1939
 I last saw him alive on 10 - 3 1939. Death is said to have occurred on the date stated above, at 9:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Cancer of the intestine - possibly Caecum - under
 Date of onset 46

Other contributory causes of importance:
Arteriosclerosis
Senility
Cystitis
Chronic constipation
 Name of operation none Date of

What test confirmed diagnosis? 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) Leah S. Barnes M. D.
 (Address) Owensville, Mo.
273

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.

MARGIN RESERVED FOR BINDING

50 M-7-20-37
I X 112004

STATEMENT BY LICENSED EMBALMER

I, Melford H H Winter, Licensed Embalmer No. 3838
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 Melford H H Winter
Licensed Embalmer No. 3838

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.)