DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22197

State File No.

JUL 2

Registration District No. 660

Primary Registration District No. 4396

Registrar's No.

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Perryville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 83-5-9 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry

(c) City or town: Perryville Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: William Schindler 534

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Vinnie Schindler

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Jan. (Month) 11 (Day) 1857 (Year)

8. AGE: Years 83 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

MOTHER FATHER

12. Name: Alois Schindler

13. Birthplace: (City, town, or county) Germany (State or foreign country)

14. Maiden name: Beina Schnider

15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature: William J Schindler

(b) Address: Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 22 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Perryville Mo.

18. (a) Signature of funeral director: Young & Boos

(b) Address: Perryville Mo.

19. (a) June 22-40 (Date received local registrar) (b) Joe J Zellmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1940 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 26, 1936 to June 20, 1940, that I last saw him alive on June 17, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	5 mo.
Due to: Hypertrophy of Prostate (Non-Malignant)	4/26/36
Due to:	
Other conditions (Include pregnancy within 3 months of death): 129	

Major findings:
Of operations:

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: Bernard T. Koon (M. D. or other) M.D.

Address: Perryville Mo. Date signed 6/21/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
Form 1 X19511

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.