S. No. 2
-11-10-39
5-17-39
P I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31775

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 234

1. PLACE OF DEATH:

(a) County Colo

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage

(c) City or town Koeltztown
(If outside city or town limits, write "RURAL")

0

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

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

3. (a) PRINT FULL NAME Frank Michael Schnieder

3. (b) If veteran, name war None

3. (c) Social Security No. 492-12-7531

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Atzalinia Schnieder

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased March (Month) 24 (Day) 1874 (Year)

8. AGE: Years 66 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Tifton (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation W. P. A worker 6

11. Industry or business 6

FATHER
12. Name John Schnieder
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Meyer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Agusta Heisler

(b) Address Koeltztown Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/40 (Month) (Day) (Year)

(c) Place: burial or cremation Koeltztown Mo

18. (a) Signature of funeral director H H Strop

(b) Address Meta Mo

19. (a) 9/7/40 (Date received local registrar) (b) S. W. Beaford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1940 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Jan 31, 1940, to Sept 6th, 1940; that I last saw him alive on Sept 6, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Pancreas with metastases to lung

Due to

Due to 46

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Pancreas

Of autopsy

Duration

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 Thomas J. Kelly MD MSSing (M. D. or other)

Address Jefferson City Date signed Sept 7th

(Licensed Embalmer's Statement on Reverse Side)

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 H H Stroop

Licensed Embalmer No. 2924

P. O. Address Meta Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.