

FILLED JUN 11 1941 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17766

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
(b) Township _____ Primary Registration District No. 4182 Registered No. _____
(c) City Hermann or _____ (d) Street No. Workmann Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

ELSIE SCHINDLER
(a) Residence, No. 214 E. Second St 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fredolin Schindler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14, 1859</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>2</u>
	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Hwf.</u>	
	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) <u>1/15/41</u>	
	11. Total time (years) spent in this occupation <u>60</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
FATHER	13. NAME <u>Unknown Neuhaus</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT <u>Ferdinand Schindler</u> (ADDRESS) <u>Hermann, Missouri R#1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Swiss Prys. Cem.</u> DATE <u>May 14 41</u>		
19. FUNERAL DIRECTOR (NAME) <u>Hugo H. Blumer</u> (ADDRESS) <u>Hermann, Missouri</u>		
20. FILED <u>5-14-</u> 19 <u>41</u> <u>Anna K. Rickhoff</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1941

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1941, to May 12, 1941
I last saw her alive on May 12, 1941. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Liver Secondary to C.A. Bronch which was removed 2 yr ago.
Date of onset _____

Other contributory causes of importance: SD

Name of operation _____ 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) Howard H. Blumer, M. D.
(Address) Hermann Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

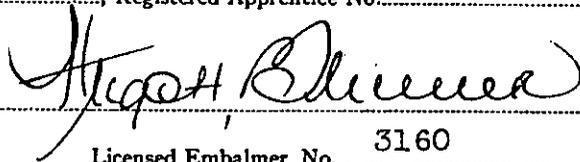
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....



.....
Licensed Embalmer No. 3160

P. O. Address. Hermann, 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.