

S. No. 2
I-1-4-41
7-5-17-39
3-I X2839D

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24561

State File No. _____

FILED AUG 11 1941

Registration District No. _____

Primary Registration District No. 10

Registrar's No. 755

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist, St. Joseph, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days, Hospital
In this community 41 years 0
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2821 Sherman Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William John Schneider

3(b) If veteran, name war _____ 3. (c) Social Security No. 49-173062

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Schneider
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased November 15 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation President, Federal Savings Loan Company

11. Industry or business _____

12. Name Nicholas Schneider

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

14. Maiden name Caroline Schindler

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Schneider

(b) Address 2821 Sherman Ave. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge, Cemetery St. Joseph, Mo.

18. (a) Signature of funeral director Walter Meischaffen

(b) Address 1302 Paragon St. S. Joseph, Mo.

19. (a) 7-15-1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 11 minute 45 P.A.M.

21. I hereby certify that I attended the deceased from July 23, 1941 to July 24, 1941
that I last saw him alive on July 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis General.

Due to _____

Other conditions Partial Intestinal Obstruction due to constipation
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. M. Shores (M. D. or other) [Signature]
Address Kirkpatrick Bldg. Date signed 7-20-41

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.....

Oby Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

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, fact should be so stated above.