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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31081

Registration District No. 85 Primary Registration District No. 1001 Registrar's No.

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 Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 33 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2821 Sherman Ave. (If rural, give location) 7

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Agnes Schneider

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William J. Schneider

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

7. Birth date of deceased October (Month) 23 (Day) 1873 (Year)

8. AGE: Years 67 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Bern (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John U. Lehmann
13. Birthplace Berne (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Magdalena Fankhauser
15. Birthplace Berne (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Miss Mae Lehmann

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

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

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

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 9-17-1941 (Date received local registrar) (b) G. G. Westlebush M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14 year 1941 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 11 1941 to Sept 14 1941; that I last saw her alive on Sept. 14 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Encephalitis acute none infectious	5 ds
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

80B

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 Gustav Thau (M. D. or other) MD

Address Kirkpatrick Bldg. St. Joseph Missouri. Date signed 9/15/41

(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 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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.