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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27115

FILED AUG 21 1942

Registration District No. 303

Primary Registration District No. 5420

Registrar's No. 29

37  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Gasconade  
(b) City or town Roark "Rural"  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 miles east of Hermann /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Gasconade  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles East of Hermann  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD SCHNEIDER  
3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 24  
year 1942 hour about 1 minute 00 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 16 1879  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
Immediate cause of death Died without medical attention. Verdict of coroner's jury, 'Deceased came to natural causes'. Duration \_\_\_\_\_  
~~XXXX~~ his death as a result of natural causes'.

8. AGE: Years 63 Months 0 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Probable cause of death: Apoplexy.  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

9. Birthplace Hermann Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name John Schneider  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Fist  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Schneider  
(b) Address St. Louis, Missouri  
17. (a) Burial (b) Date thereof 7/28/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oelschlaeger Farm Cem

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? \_\_\_\_\_

18. (a) Signature of funeral director Hermann, Missouri  
(b) Address \_\_\_\_\_  
19. (a) July 28, '42 (b) R. H. Liedler  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature [Signature], Coroner (M. D. or other) D. O.  
Address Hermann Date signed 7/28/42

**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.....  
.....  
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.**