V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1942

Registration District No. 290

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27964

Primary Registration District No. 5983

Registrar's No. ~~18~~ 89

1. PLACE OF DEATH:

(a) County: Pulaski
(b) City or town: Fort Leonard Wood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: About 30 minutes (Specify whether years, months or days)
In this community: 1 week

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Clayton (If outside city or town limits, write "RURAL") 3
(d) Street No.: 7812 Carondelet Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country: -

3. (a) PRINT FULL NAME: Cornelius W. Schnecko (Pvt.)

3. (b) If veteran, name war: - -
3. (c) Social Security No.: - -

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: 3 Divorced
6. (b) Name of husband or wife: - -
6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: January (Month) 21 (Day) 1903 (Year)

8. AGE: Years 39 Months 6 Days 9 If less than one day - hr. - min.

9. Birthplace: Clayton, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Soldier - U. S. Army - 37370666
11. Industry or business: Co D, 27th Bn ERTC

FATHER
12. Name: William Harwood Schnecko
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Theresa
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Military records
(b) Address: Fort Leonard Wood, Missouri

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 7-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Clayton, Mo

18. (a) Signature of funeral director: Leo Clark
(b) Address: Kellen

19. (a) July 31, 1942 (Date received local registrar) (b) Charles R. McAdam (Registrar's signature)

8-30-42 Colonial Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1942 hour 4 minute 17 P.M.

21. I hereby certify that I attended the deceased from 3:45 P.M. July 30, 1942 to 4:17 PM July 30, 1942; that I last saw him alive on July 30, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Sunstroke, severe, accidentally incurred July 30, 1942 at Fort Leonard Wood, Missouri while ~~xxxx~~ on a detail grubbing stumps on tactical area #8, Ft Leonard Wood, ~~xxxx~~ Missouri.

Duration

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: - -
Of autopsy: As above

1911
99

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): Accident 085
(b) Date of occurrence: July 30, 1942.
(c) Where did injury occur: Ft Leonard Wood, Pulaski, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Military reservation (Specify type of place)
While at work? Yes (e) Means of injury: Sun

23. Signature: Arthur W. Evans (M. D. ~~or other~~)
Address: Sta Hosp, Ft Leonard Wood, ~~Missouri~~ Date signed 7/31/42

RECEIVED
Pulaski County Health Officer
File Number ~~8-24-42~~ 8-42-179
Date Filed 8-24-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lou Blick

Licensed Embalmer No. 4216

P. O. Address Fulton 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, fact should be so stated above.