S. No. 2
I—4-13-40
V. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37045

State File No.

Registration District No. 118 Primary Registration District No. 5740 Registrar's No. 7

37
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1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Rural Clay Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community entire life

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.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

37
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0

3. (a) PRINT FULL NAME Annell Irine Schnider

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Dec. (Month) 7 (Day) 1941 (Year)

8. AGE: Years | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation
11. Industry or business

FATHER
12. Name Den Schnider
13. Birthplace Gasconade (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Effie Michel
15. Birthplace Gasconade (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr. Den Schnider
(b) Address Bland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Union

18. (a) Signature of funeral director Sassmann's Funeral Service
(b) Address Bland, Mo.

19. (a) Nov 3, 1942 (Date received local registrar) (b) Myrtle M Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1942 hour 5:00 p.m. minute M.

21. I hereby certify that I attended the deceased from Oct. 26, 1942 to Oct. 30, 1942; that I last saw her alive on Oct. 30, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia-left lower lobe	4 days
Due to –	
Due to –	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

10 8

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 0

23. Signature Paul A. Brenner, M.D. (M.D. or other) Date signed 11-2-42
Address Owensville, Mo.

1281

(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.

(NOT EMBALMED)

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.