

U. S. No. 2
FORM-2-43
Rev. 5-17-39
I X33697

29201

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

SEP 3 1943

Registration District No. 305

Primary Registration District No. 1547

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Josephville, rural
(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 _____)

In this community _____ (Yes or No)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town Josephville, Mo. rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Agnes Anna Schnyder

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 married

6. (b) Name of husband Joseph P. Schnyder 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 24 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 7 5 _____ hr. _____ min.

9. Birthplace Josephville, Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Peter B. Wilmes

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

{ 14. Maiden name Bernadine Feldewerth

{ 15. Birthplace Germany _____
(City, town, or county) (State or foreign country)

16. (a) Informant Jos. P. Schnyder

(b) Address RR 2, Wentzville, Mo.

17. (a) Burial (b) Date thereof 10-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Josephville, Mo.

18. (a) Signature of funeral director Geo. Stivaler

(b) Address St. Peters, Mo.

19. (a) 8-10-43 (b) Spencer S. Fenwick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 1943 to July 29 1943
that I last saw her alive on July 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of Stomach 6 mo.

Due to _____

Due to _____

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

Major findings: Inoperable carcinoma PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy _____

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) Manner of injury _____

23. Signature Nicholas J. Honick (M. D. or other) _____
O'Fallon, Mo Date signed 8/2/43

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

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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.....

E. Keithly

..... Licensed Embalmer No..... *822*

..... P. O. Address..... *Wentzville 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.