

S. No. 2  
M-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16109  
Registrar's No. 125

FILED JUN 7 1946  
Dr. Bruce

Registration District No. 477 Primary Registration District No. 3016

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution:  
625 West McCarty Street  
(d) Length of stay: In hospital or institution 48 years  
In this community 48 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(d) Street No. 625 West McCarty Street  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Leona Emelia Schneider  
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 Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 8 1874

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 27 year 1946 hour 10 minute 30 M.  
21. I hereby certify that I attended the deceased from 12 1/2 to 7 1/2 1946  
that I last saw h. alive on May 27 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
71 10 19 hr. min.

Immediate cause of death Arteriosclerosis  
Heart Disease

9. Birthplace Chamois, Missouri  
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis  
Due to \_\_\_\_\_

10. Usual occupation Housework

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name John O. Schneider  
13. Birthplace New York  
14. Maiden name Mary Felber  
15. Birthplace Switzerland

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Larry Warner  
(b) Address Jefferson City, Missouri  
17. (a) Burial (b) Date thereof May-29-1946  
(c) Place: burial or cremation River View Cemetery

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director John J. Gordon  
(b) Address Jefferson City, Missouri  
19. (a) 5-29-46 (b) C. P. Davis M.D.  
(Date received local registrar) (Registrar's signature)

23. Signature J. Bruce M. D. or other \_\_\_\_\_  
Address Jefferson City Date signed May 28 1946

(Licensed Embalmer's Statement on Reverse Side)

15001  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 6-5-46

**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 Omer A. Jones Jr.  
Licensed Embalmer No. 441  
P. O. Address Jefferson City

**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.**