

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

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Owensville
(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 ELIZABETH MARIE SCHINDLER

3. (b) If veteran, name war _____

3. (c) Social Security No. 485-01-8935

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1946 hour 9 minute 15 P. M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry Schindler 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: July 1 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-27 1946 to 12-27 1946
that I last saw her alive on 12-27 1946
and that death occurred on the date and hour stated above.

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

52	5	26	hr. min.
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Immediate cause of death: Massive cerebral hemorrhage on hypertensive basis causing left hemiplegia and respiratory failure Duration _____

Due to _____

Due to _____

9. Birthplace: Warren County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Shoe Factory Employee

11. Industry or business _____

12. Name: Fredrick Hildebrand

13. Birthplace: Lengerich Prussia
(City, town, or county) (State or foreign country)

14. Maiden name: Christina Scher

15. Birthplace: Warren County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. William Glatz
(b) Address: Hermann, Mo.

17. (a) Burial (b) Date thereof: 12 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: 60 Cem. at Big Springs, Mo.

18. (a) Signature of funeral director: Wilford J. Pitt
(b) Address: Owensville, Mo.

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

Major findings: _____
Of operations: _____
Of autopsy: _____

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

19. (a) 12-21-46 (b) Donald E. Blackman
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature: Paul A. Brown (M. D. or other) _____
Address: Owensville, Mo. Date signed: 12-28-46

RECEIVED
District Health Officer No. 1-8-47
District File Number
Date Filed
JAN 22 1947
JAN 23 1947
JAN 28 1947

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 W. L.

Registered Apprentice No. _____

working under my personal supervision.

Signed Melford H. A. Winter

Licensed Embalmer No. 383 F

P. O. Address Owensville 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.