

5. No. 300
V. 10-48

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17896

09770

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

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 20

1. PLACE OF DEATH <u>Wentzville Mo</u> a. COUNTY <u>St Charles</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville Mo Cuirre 4 8/2</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St Charles</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville Mo Rural</u> d. STREET ADDRESS (If rural, give location) <u>4 1/2 mi North East 09770</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Peter</u> c. (Last) <u>Schnyder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 12-1873</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Days <u>10</u> Hours <u>27</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Wilmes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert J. Schnyder</u> ADDRESS <u>Wentzville</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>H225</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>4/14</u> , 19 <u>50</u> , to <u>5/8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/8</u> , 19 <u>50</u> , and that death occurred at <u>8 7/8</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H.C. Mc Murry M.D.</u> (Degree or title)			23b. ADDRESS <u>Wentzville, Mo.</u>		23c. DATE SIGNED <u>5/11/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph's</u>	24d. LOCATION (City, town, or county) (State) <u>Josephville Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 20 1950</u>	REGISTRAR'S SIGNATURE <u>Marion P. Giff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. C. Patman</u> ADDRESS <u>Funeral Home</u>		

(If used Embalmer's Statement on Reverse Side)

Wentzville MO

RECEIVED JUN 5 1950
District Health Officer No. 9,
District File Number

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed: *Oliver D. Padwell*
Licensed Embalmer No. *4077*

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.