

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25697**

FILED AUG 22 1955

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **55-67**

1. PLACE OF DEATH a. COUNTY DADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DADE	
b. CITY OR TOWN ROBIAH Lockwood Mo.		c. CITY OR TOWN LOCKWOOD	
d. FULL NAME OF HOSPITAL OR INSTITUTION LOCKWOOD MEMORIAL		e. STREET ADDRESS (If rural, give location) 1909 W. LOCKWOOD TOWNSHIP	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA KATHARINE b. (Middle) (WIFE) c. (Last) SCHNELLE			4. DATE OF DEATH (Month) (Day) (Year) AUG 16 1955		
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5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH APRIL 1-1875	9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR Days 4 Hours 15	11. IF UNDER 24 HRS. Hours 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and State or Foreign Country) MANITO ILLINOIS		12. CITIZENRY OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME JOHANN SCHNELLE		13b. MOTHER'S MAIDEN NAME ELISABETH BEHREN		14. NAME OF HUSBAND OR WIFE ✓	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lenora Redemann		ADDRESS Lockwood	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Aneurysm				INTERVAL BETWEEN ONSET AND DEATH one week	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 331X					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **April 1951**, to **Aug 16th 1955**, that I last saw the deceased alive on **8-15-**, 1955, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Max Hellmann (Degree or title) M.D.		23b. ADDRESS Lockwood, Mo		23c. DATE SIGNED 8-17-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 19 1955		24c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY		24d. LOCATION (City, town, or county) (State) Lockwood MO B.F.D.	
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DATE REC'D BY LOCAL REG. 8-17-55		REGISTRAR'S SIGNATURE J. C. Canada 475-		25. FUNERAL DIRECTOR'S SIGNATURE R.L. Hunschild		ADDRESS Lockwood	
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(Licensed Embalmer's Statement on Reverse Side)

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

See back of page for instructions

SEP 14 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by myself....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed P. L. F. Haines.....

Licensed Embalmer No. 3.....

P. O. Address Locks.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.