FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12860

State File No.

BIRTH NO. REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON
c. LENGTH OF STAY (In this place): 6 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: GASCONADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ROARK TWP
d. STREET ADDRESS (If rural, give location): 4 mi. S.W. OF HERMANN

3. NAME OF DECEASED (Type or Print): a. (First) JOHANNA b. (Middle) c. (Last) SCHNEIDER

4. DATE OF DEATH (Month) (Day) (Year): MAY 1 1956

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: FEB 27-1870

9. AGE (In years last birthday): 86 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK

11. BIRTHPLACE (State or foreign country): HERMANN Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: GREGORY HUCK

13b. MOTHER'S MAIDEN NAME: EVA NIEDHARDT

14. NAME OF HUSBAND OR WIFE: JACOB SCHNEIDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: ERWIN A. SCHNEIDER — ADDRESS: HERMANN Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 Mon.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 20 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4200

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* , 1947, *to* May 1, 1956, *that I last saw the deceased alive on* May 1, 1956, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John B. Ryan — (Degree or title): MD

23b. ADDRESS: Hermann Mo

23c. DATE SIGNED: 5-1-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 5-5-56

24c. NAME OF CEMETERY OR CREMATORY: ST. GEORGE Cemetery

24d. LOCATION (City, town, or county) (State): HERMANN Mo

DATE REC'D BY LOCAL REG.: 5/1/56

REGISTRAR'S SIGNATURE: E. J. Heidmann

25. FUNERAL DIRECTOR'S SIGNATURE: Hugo H. Bauer — **ADDRESS**: HERMANN Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.