

# HEADQUARTERS

# Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

Certificate No. 1904

Philip Schuider, of the town of Barlyle, in the County of Chilton, and State of Illinois, formerly a Soldier of the United States of America, in the war against (1) Rebellion, respectfully asks that he be admitted as a member of said Home.

To enable the authorities to determine whether or not he is legally entitled to become a member of said Home, he declares and states the facts to be that he is now 64 years old; that he is 5 feet and 7 inches high; that he is of Fair complexion, gray eyes, and light hair; that he was born in the town of \_\_\_\_\_ in the \_\_\_\_\_ of Germany, on the Second day of May, 1846; that he has been (2) once enrolled in the U. S. A. service; \_\_\_\_\_ in the war against Spain, and \_\_\_\_\_ in the war of the late Rebellion; and that he has been (3) once honorably discharged from the service of the United States. That the following is a true statement of the time and place of his enrollment and discharge from said service, and that the cause of his discharge, and of his rank at the respective date thereof namely:

No.	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
1st.	<u>Massachusetts</u>	<u>Barlyle</u>	<u>Priv</u>	<u>Co. B</u>	<u>Expiration of service</u>
2nd.				<u>Co.</u>	<u>Regt.</u>
3rd.				<u>Co.</u>	<u>Regt.</u>

That he now receives, on pension certificate number 1132766, a pension of Twenty dollars a month, payable the 1st day of next April, at the Chicago Pension Office.

That he owns property, real and personal, of the value of None dollars, and no more; that he has no means of self-support other than the above named; that his trade or occupation is that of a Blacksmith.

That he has (4) no wife; that he has no children now living; ages, respectfully, (5) \_\_\_\_\_ years. That his postoffice address is Barlyle, State of Illinois; that his nearest railway station is Barlyle, on the W. O. & N. Railway, in Barlyle County, in said State; that the name and address of the person to whom he desires notice of his illness or death shall be given, is John K. Kelling, 153 N. Springfield, County of Jungau, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to him. Also notice to Frank Kelling at \_\_\_\_\_ County of \_\_\_\_\_, State of Illinois.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) None.

That he is now a bona fide resident of the State of Illinois, and has continuously lived and resided in said State for the last two years, or has served in an Illinois organization.

That he is so far disabled by (7) Sickness.

as to now be incapable of earning his own living.

That he has at all times, heretofore, supported and adored to the government of the United States of America, and that he has not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion.

That if he shall be admitted to be a member of the said Home, he will, in all things and in every respect, comply with and conform to the rules and regulations made, or that shall hereafter be made, for the government and discipline of the same; and that he will cheerfully do and perform any and all things that shall be required of him by those there in authority over him; and that he will promptly, and willingly, obey all lawful orders that he shall receive from any officer of the Home, so long as he shall remain a member thereof.

In Testimony Whereof, he has set his hand this ninth day of March, 1904.

(9) Frank A. Kelling Witness. (8) Philip Schuider Applicant.

STATE OF ILLINOIS

County of Clinton } SS I, William A. Morris, a (10) Notary Public

of the town of Carlyle Ill. in and for said County, do hereby certify that the above named applicant, to me personally and well known to be the identical person he represents himself to be, this day personally appeared before me, and that I then and there, at his request, plainly read to him his application aforesaid, which he then and there fully understood, and that he was, by me, thereupon duly sworn, and then and there deposed and said that he was the applicant above named, and that he was fully acquainted with matters and things stated and set forth in his said application, and that the same and each of them were true in substance and in fact as he had therein stated.

(11) Philip Schneider Affiant.

Subscribed and sworn to before me, this ninth day of March, A. D. 1910

Witness my hand and official seal. [L. S.] William A. Morris (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Philip Schneider since the year 1864 or the above Applicant, for, at least, two years last passed; and that to the best of my knowledge and belief, the statements contained in his foregoing application are entirely true, and especially that as to the time of his residence in Illinois, or service in an Illinois organization. And I further state that he has no known mental disorder; and that he requires no special attendant; and that he can properly be allowed to go at large; and that he can safely be quartered with feeble and helpless men.

This man is just such old soldier as ought to be in the Home as he has no Home  
He says he lost his disch- Witness my hand, (13) William A. Morris Post Comd.

(14) Grand Post 525 Dept Ill.

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named applicant Phillip Schneider, as to his disability, and I now find that he has (15) Heart disease

to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, manifest, or discoverable mental disorder; that he has no need of an attendant; that he may be properly allowed to go at large; and that he can safely be quartered with men who are old and feeble.

W. T. Gordon, M. D.

Subscribed and sworn to before me, this 9th day of March, 1910. And I certify that I am personally acquainted with said affiant W. T. Gordon, and that I know him to be a physician in active practice, and in good repute, and an honest man and a capable physician, in the community and among his fellow physicians where he lives.

William A. Morris, (16) Notary Public

CERTIFICATE OF A SOLDIERS' HOME SURGEON.

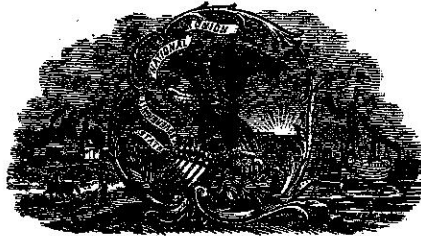
I hereby certify upon honor that I carefully and critically examined Philip Schneider the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Monday the 14th day of March, 1910; and that I found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Rheumatism and Cardiac Disease

Witness my hand W. M. Landon Home Hospital Surgeon.



# United States of America

State of



Illinois

ADJUTANT GENERAL'S OFFICE

Springfield, March 17, 1910.

**It is Hereby Certified,** *That it appears from the Records of this Office, that*

Philip Schneider,

*Enlisted on the* 9th day of May 1864, *at* Mascoutah, Illinois,

*and was mustered into the service of the United States as a* Private,

Curtis' CO, Alton Battalion,  
*in Company* Regiment, Illinois Volunteer Infantry

*for the period of* 100 Days, *on the* 21st day of June 1864,

Age, 18 years.

Mustered Out October 7, 1864.

*His residence at date of enlistment is stated as* Mascoutah, St. Clair County, Illinois.

*This Certificate is issued at the request of* Wm Somerville, Supt.  
Soldiers' Home,  
Quincy, Illinois.

*Frank S. Dickson,*  
The Adjutant General of Illinois.

Copy  
SHORT WILL.

ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL.

IN THE NAME OF GOD, AMEN.

I, Philip Schneider of Illinois Soldiers' and Sailors' Home in the County of Adams and State of Illinois, being of sound mind and memory, and considering the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish and declare, this to be my last, Will and Testament.

First. I order and direct that my Executor hereafter named, pay all my just debts and funeral expenses as soon after my decease as conveniently may be.

Second. After the payment of such funeral expenses and debts, I give, devise and bequeath all worldly goods of which I may die possessed, John Peniolt

Springfield

Illinois

Lastly, I make, constitute and appoint Wm Somerville or his Successor in Office to be Executor of this my last Will and Testament, hereby revoking all former Wills by me made.

In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the 14 day of March in the year of our Lord One Thousand Nine Hundred and ten

signed

Philip Schneider [SEAL]  
his mark

This instrument was, on the day of the date thereof, signed, published and declared by the said testator Philip Schneider to be his last Will and Testament, in the presence of us, who at his last request have subscribed our names hereto as witnesses in his presence, and in the presence of each other.

signed

L. N. Lester

L. Murphy

DUPLICATE

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Alton, Ill. State

Record of Philip Schneider Reg. No. 6998 Co. J Regt.

BAKER-VANTER CO. MANUFACTURERS CHICAGO, ILLINOIS

DATE		PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
MONTH	DAY				
2	1	Jno. Weinoit	Springfield, Ill.		
2	27	Fritz Schneider, Bro.	163 St West Grant St. Plain, Ill.		
4	7				<p><b>COTTAGE INVENTORY</b></p> <p>2 Brushes &amp; 6 Handkerchiefs 2 pair trousers</p> <p>2 Undershirts 1 Necktie 1 pair drawers 1 Vest</p> <p>1 Coat 1 pocket, 1 pocket knife 1 pair eye glasses</p> <p>All of which is in the tin hand. Satchel</p>
<p>Received the above described personal effects of <u>Philip Schneider</u></p> <p><u>Walt Harris</u> Sergeant, Cottage No. <u>18</u></p> <p>Registry No. <u>8998</u></p> <p>Hospital Steward</p>					

HOSPITAL RECORD

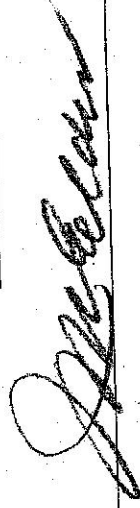
HOSPITAL INVENTORY

Value of Effects 295

I hereby certify that the above is a true and correct inventory of the personal effects of \_\_\_\_\_ Deceased.

Hospital Steward

Approved:



Adjutant

Illinois Soldiers and Sailors Home.

Quincy, Ill., April 7 1912  
Ill vol

To the Adjutant:

Philip Schneider Co. B Alton Battalion

died in Hospital at 3 P M., aged 66 years.

drafted wounded at H 10

Names and address of Relatives and Friends

Reg. No. 8998

G S Barnes

Hospital Steward.

REGISTER NO. 8998

ILLINOIS SOLDIERS AND SAILORS HOME

X QUINCY, ILLINOIS.

Philip Schneider  
Orville Clinton Co Ills  
B Co Alton Battalion  
Ill Vol Drafty

Co. Reg't

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Admission Paper /

Army Discharge

Certificate of Service and for

Pension Certificate 132,766 Will /

Admitted Mar 14<sup>th</sup> 1910

Died in Camp Apr 7, 1912



# ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., Jan 14 1920

The undersigned hereby instruct the clerk in charge of Post Office at Soldiers Home to deliver all mail from the Pension Department to the Superintendent.

NAME	Registered Number	Co.	Reg't	State	Term of Service	Number of Certificates	WITNESS
Philip Schneider Private	8998 B		Alton Battery Inf	Ill		132,766	W. A. Lester

1975 = Burial  
Philip Schneider  
1 = Figure  
12<sup>1</sup>/<sub>2</sub> Rows  
5<sup>1</sup>/<sub>2</sub> Divisions  
April 10<sup>1</sup>/<sub>2</sub> 1912.