MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12960

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hosp St. ..... Ward)

File No. [illegible]

Registered No. .....

2. FULL NAME Mendel Schneider

(a) Residence. No. 918a Franklin St., 25 Ward. (Usual place of abode) ..... (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Schneider

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	2	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchman 46B

(b) General nature of industry, business, or establishment in which employed (or employer) 9C

(c) Name of employer 102

9. BIRTHPLACE (CITY OR TOWN) Kovno (STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Hyman Schneider

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER unk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Russia

14. INFORMANT Mrs. Sam. Mayne (Address) 918a Franklin

15. FILED APR - 4 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-3-27 19

17. I HEREBY CERTIFY, That I attended deceased from 3-16, 1927, to 4-3-27, 19 that I last saw him alive on 4-3-27, 19, and that death occurred, on the date stated above, at 1:25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach

Myocarditis Chronic

Hypertension

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocardial Failure

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 3-17-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. F. Hughbanks, M. D

4/3, 1927 (Address) Jewish Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bnai Amoona

DATE OF BURIAL 4/4 1927

20. UNDERTAKER H B Berger

ADDRESS 4215 McPherson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.