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

Do not use this space. 2739

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1093

City St. Louis Mo. (No. 4213 Pleasant St. St. ..... Ward)

File No. 1 311

Registered No. 1

2. FULL NAME John Frederick Schnieer

(a) Residence (Usual place of abode) No. 4213 Pleasant St. St., 10 Ward. (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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 - 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	7	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tobacco Worker

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John F. Schnieer

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

12. MAIDEN NAME OF MOTHER Anna E. Tilker

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

14. INFORMANT Miss Ida Schnieer
(Address) 4213 Pleasant St.

15. FILED JAN 10 1928, 19..... Marie Starkoff
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927, to Jan 7, 1928 that I last saw h. alive on Jan 7th 1928, and that death occurred, on the date stated above, at 11 35 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

394 A 10

1220 A (duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (SECONDARY) Hernia Inguinal

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Grace Schuh Murphy M. D

, 19 (Address) 3403 N 14th St.

*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 New Pickers — DATE OF BURIAL Jan 11 1928

20. UNDERTAKER Hy Leidner Und Co. — ADDRESS 1417 N. Market St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD