

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

Do not use this space.

1. PLACE OF DEATH

County.....
Towship.....
City, St. Louis Mo. (No.....)

Registration District No. 791
Primary Registration District No. 1003

14978

File No.....
Registered No. 3890
St. Ward)

2. FULL NAME George Schneider

(a) Residence No. 2716 N. Taylor St. 10 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/4/1844

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
83 9 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Charles Schneider

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

12. MAIDEN NAME OF MOTHER Susie Hoffman

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

14. INFORMANT Ms. E. Schneider
(Address) 2716 N. Taylor Ave

15. FILED APR -9 1923 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/7/28 19

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1928, to April 7, 1928.
that I last saw him alive on April 6, 1928, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Sclerosis
9/13
(duration) yrs. ? mos. ? ds.
CONTRIBUTORY Arterio Sclerosis - Senility
(SECONDARY)
(duration) ? yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, Lab. etc.

(Signed) Arthur H. deMay, M. D.

4/8, 19 28 (Address) 4046 N. Grand Blvd.

*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 DATE OF BURIAL

Western
Ev. Lutheran Immanuel Cem 4/9/ 19

20. UNDERTAKER ADDRESS

Provost Und Co 3710 N. Grand

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

X. 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.

