

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

Do not use this space.

43654-12  
M

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. 1525<sup>a</sup> Oberlin Ave) St. .... Ward)

File No. ....  
Registered No. 15 St. .... Ward)

**2. FULL NAME** Emma Schneider

(a) Residence. No. 1525<sup>a</sup> Oberlin St. 9 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 Female 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 Joseph Schneider

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-7-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 | 9 | 22 |     

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 12<sup>th</sup> St  
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Mathew Hettel

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

12. MAIDEN NAME OF MOTHER Josephine Hettel

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

14. INFORMANT Joseph Schneider  
(Address) 1525<sup>a</sup> Oberlin Ave

15. FILED 12-1-1928 Max C. Stanley REGISTRAR

**21 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 19 28

17. I HEREBY CERTIFY, That I attended deceased from October 25, 1928, to December 29, 1928, that I last saw her alive on December 29, 1928, and that death occurred, on the date stated above, at      m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Embolus Coronary Artery

CONTRIBUTORY (SECONDARY) Cholecystitis Acute  
(duration) yrs. 2 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Michael Kobay, M. D.  
12/31, 1928 (Address) 1501 N. Jefferson Ave.

\*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 Calvary Cemetery DATE OF BURIAL 1/2 1928

20. UNDERTAKER H. A. Stock M.D. Co ADDRESS 2117 E. Grand

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.

1501 21/10/51