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

Do not use this space.

File No. 14196

Registered No. 3530

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ST. LOUIS (No. ..... St. ..... Ward) .

2. FULL NAME AGNES SCHNEIDER

(a) Residence. No. 2549 W. HEBERT St., 70 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
FEMALE	WHITE	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 3d 1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	11	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSE WORK

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER THEODORE ZIMMERMAN

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

12. MAIDEN NAME OF MOTHER FRANCIS ROSENTHAL

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

14. INFORMANT MARTIN SCHNEIDER
(Address) 4639 KINGS HIGHWAY

15. FILED APR -8 1930, 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1930

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1930, to April 7, 1930, that I last saw her alive on April 7, 1930, and that death occurred, on the date stated above, at 12 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Multiple Arteriosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) [illegible], M. D.

4/8, 1930 (Address) 7014 Delmar

*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
St Peter & Paul	April 11th 1930
20. UNDERTAKER	**ADDRESS**
Edward Koch	3516 N 14th

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.