

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

Do not use this space.

7385

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1013**

City **St. Louis** (No. **City Hospital**)

File No.

Registered No. **1701**

St. Ward)

2. FULL NAME

(a) Residence. No. **6178 S. Broadway** St. **1** Ward.

Length of residence in city or town where death occurred yrs. **13** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

Dec 21 - 1929

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
1	1	19	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *St. Louis*

10. NAME OF FATHER

Wm Schneider Sr

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Illinois*

12. MAIDEN NAME OF MOTHER

Marie Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Missouri*

14. INFORMANT

(Address) *City Hospital*

15. FILED

FEB 10 1931

Max C. Hardy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 9 1931*

17. I HEREBY CERTIFY, That I attended deceased from

Feb 9 1931 to Feb 9 1931
that I last saw him alive on *Feb 9 1931*, and that death occurred, on the date stated above, at *10:20 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inanition - following measles
(duration) yrs. mos. ds.
CONTRIBUTORY *Measles - no other*
(SECONDARY) *known cause*
(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? *Refused*

WHAT TESTS CONFIRMED DIAGNOSIS? *Clinical*

(Signed) *Jerome Thomas* M. D.

(Address) *City 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

DATE OF BURIAL

St. Matthew Cem. 2-10 1931

20. UNDERTAKER

ADDRESS

Britt's...

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

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.

Schneider