

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

Do not use this space.

7531

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No.)

791
1003
Registration District No.....
Primary Registration District No.....
ISOLATION HOSPITAL

File No..... 1879
Registered No.....
St..... Ward.....

2. FULL NAME

Bertrude Schneider
(a) Residence. No. *3928 Connecticut St.* / *16* Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred *7* yrs. *0* mos. *0* 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 <i>Female</i> | | 4. COLOR OR RACE <i>White</i> | | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Nov 30 1895</i> | | | | | |
| 7. AGE | YEARS <i>35</i> | MONTHS <i>2</i> | DAYS <i>12</i> | IF LESS than 1 day, hrs. or min. | |
| 8. OCCUPATION OF DECEASED | | | | | |
| (a) Trade, profession, or particular kind of work. <i>Housewife 275</i> | | | | | |
| (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 <i>Joseph Schmidt</i> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i> |
| | 12. MAIDEN NAME OF MOTHER <i>Kayna Schrad</i> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i> |

14. INFORMANT..... *Lorraine Kruer*
(Address) *ISOLATION HOSPITAL*

15. FILED *13 1931* *Max C. Starbuck*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *2-11 1931*

17. I HEREBY CERTIFY, That I attended deceased from *2-8 1931*, to *2-11 1931*, that I last saw him alive on *2-11 1931*, and that death occurred, on the date stated above, at *12:25 a.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia
108
93A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *Acute Myocarditis*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
(108)
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....
WAS THERE AN AUTOPSY? *no*
WHAT TEST CONFIRMED DIAGNOSIS? *Clinical Findings*
(Signed) *R. F. Kump* M. D.
19 (Address) *ISOLATION HOSPITAL*

*State the DISEASE CAUSING DEATH, or if 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 *St Peter & Paul* DATE OF BURIAL *2-13 1931*

20. UNDERTAKER *Southern* ADDRESS *6320 S Grand Bl*

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

K. 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.

