

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

Do not use this space.

11480

1. PLACE OF DEATH

County St. Louis Registration District No. 1123B File No. 106
 Township CARONDELET Primary Registration District No. 6 Registered No. _____
 City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. (Ward) _____

2. FULL NAME Edward Schneider

(a) Residence, No. 4165 Schiller Place., St. Louis, Mo. Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. OWIS 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 Mrs. Edward Schneider.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1893

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

37 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman. 187

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St. Louis, Mo.

10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

13. NAME John Schneider.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

15. MAIDEN NAME Marie Schultz.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

17. INFORMANT C. H. Smith, Clinical Director.

(ADDRESS) U. S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 3-30 1931

19. UNDERTAKER C. Hoffmeister York Co

(ADDRESS) 7914 S Broadway

20. FILED 3-14 1931 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1930, 19____, to March 20, 1931, 19____

I last saw him alive on March 20, 1931, 19____. Death is said

to have occurred on the date stated above, at 3:40 AM

The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary, chronic. Date of onset _____
Far Advanced, Active.

Other contributory causes of importance: _____

Name of operation Physical, X-Ray & Laboratory Date of _____
 What test confirmed diagnosis? findings as there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. C. Gibson, Medical Officer in Charge
 (Address) U. S. Veterans Hospital, Jefferson Barracks, Mo.

MARGIN RESERVED FOR BINDING

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.

APR 27 1931

V. S. NO. 2.

