

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 28 1932

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

Do not use this space.

9376

1. PLACE OF DEATH

County *St. Louis*
Township *St. Louis*
City *St. Louis* (No. *5*)

Registration District No. *5673*

Primary Registration District No. *5873*

File No. _____

Registered No. *15*

St. _____ Ward _____

2. FULL NAME

Adam Smeder

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(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 *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 19 - 1878*

7. AGE YEARS *53* MONTHS *6* DAYS *6* If LESS than 1 day, _____ hrs. _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Moscow, Germany*

13. NAME *Adam Schneider*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Ann Ropp*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *George Schneider, East St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis* DATE *Mar 25 1932*

19. UNDERTAKER (ADDRESS) *James Shelby, East St. Louis*

20. FILED *3-24-1932* *Duffen* *Register*

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 24 - 1932*

22. I HEREBY CERTIFY, That I attended deceased from *March 18, 1932* to *March 24, 1932*
I last saw him alive on *Mar 23, 1932* Death is said to have occurred on the date stated above, at *4:00 p.m.*
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset *Mar 16*

11A 108

Other contributory causes of importance:

Influenza

8. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *Geo. W. Whitaker, M. D.*

(Address) *East St. Louis*

