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.

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

Do not use this space.

11033

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, (No. 931 Wilmington Avenue. St. ..... Ward)

File No. .....

Registered No. 3115

2. FULL NAME Walter W. Schneider.

(a) Residence, No. 931 Wilmington Ave. 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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1907.

7. AGE: YEARS 25 | MONTHS -- | DAYS 12. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal 172

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) St. Louis, Mo. 1

FATHER

13. NAME Frank Schneider.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois. 2

MOTHER

15. MAIDEN NAME Mary Exler.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

17. INFORMANT (ADDRESS) Frank Schneider 931 Wilmington Avenue.

18. BURIAL, CREMATION, OR REMOVAL

New SS. Peter & Paul DATE Apr. 1, 1932.

19. UNDERTAKER (ADDRESS) J. H. Gebhard L & U Co. 2842 Meramec St.

20. FILED MAR 30 1932 Max C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22nd, 1932, to March 28th, 1932

I last saw h. (N) alive on March 28th, 1932. Death is said to have occurred on the date stated above, at 10:35 P. m.

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

	Date of onset
Influenza	3-22-32
11A	
107A 11A	

Other contributory causes of importance:

Broncho-Pneumonia	3-25-32

Name of operation (1) Date of .....

What test confirmed diagnosis? Clinical 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) William F. McNamee M. D.

(Address) 7608 Michigan