

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

Do not use this space.

14592

File No. \_\_\_\_\_  
Registered No. **3980**

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **2012**  
City **St. Louis Mo.** No. **101** Sanitarium

**2. FULL NAME**

**John Phillip Schneider**

(a) Residence (No. **5036** **Northland** **13** Ward.)

Length of residence in city or town where death occurred **3** yrs. **9** mos. **4** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 30, 1887**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>44</b>	<b>6</b>	<b>22</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Auditor 251**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **J. P. Re-Auditing Co.**

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

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

13. NAME **John P. Schneider**

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

15. MAIDEN NAME **Julia Motizian**

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

17. INFORMANT **W. F. McNamee M.D.** (ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Babray** DATE **April 25, 1932**

19. UNDERTAKER **Arthur J. Donnelly & Co.** (ADDRESS) **2039 Grand Ave.**

20. FILED **APR 28 1932** **W. C. Stanley** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22, 1932**

I HEREBY CERTIFY, That I attended deceased from **July 1st, 1930**, to **April 22nd, 1932**. I last saw him alive on **April 22nd, 1932**. Death is said to have occurred on the date stated above, at **2:00** p. m.

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

**General Paralysis of the Insane (Subst.)** 3-11-29  
Other contributory causes of importance: **63 34**

Name of operation \_\_\_\_\_ 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) **5400 Arsenal St.**

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.

