

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

Do not use this space.

20813

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital #1**)

File No.

Registered No. **5289**

St. Ward)

2. FULL NAME

Matthew Schneider

(a) Residence, No. **706 1/2 Bancroft St.**

(Usual place of abode)

4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **35** 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)

Married

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

Violet Schneider

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

July 28-1896

7. AGE

35 YEARS

10 MONTHS

4 DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Shoe Worker

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

Compressor

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

11/4/1931

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo

MOTHER FATHER

13. NAME

Jacob Schneider

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

Germany

15. MAIDEN NAME

Suzanne Thomas

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

Germany

17. INFORMANT (ADDRESS)

Violet Schneider 706 1/2 Bancroft

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Sanget Burial** DATE **June 6 1932**

19. UNDERTAKER (ADDRESS)

Thos. Rette 2906 Grand Ave

20. FILED

1932 May 28 Starkloff

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 1, 1932**

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at..... m.

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

Other contributory causes of importance:
930 930

(Name of operation)..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **J. W. Kerner** M.D.
W. J. Corn (Address)

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.

