

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

Do not use this space.

27482

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 4468  
 City Perryman (No. January Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Paul W. Schneiderheing  
 (a) Residence, No. January Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Mildred Schneiderheing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1891  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Slate & Tile Roofing  
 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) Washington Missouri

13. NAME Paul Schneiderheing  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Mitterdorf  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Missouri

17. INFORMANT (ADDRESS) Mrs. Mildred Schneiderheing Perryman Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Canaan Cem. DATE Sept 2, 1933

19. UNDERTAKER (ADDRESS) Geo. D. Pleitach Inc. 5946 Euclid Ave.

20. FILED Aug 31, 1933 Emma J. Harris Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 7/8, 1933, to 8/29, 1933  
 I last saw him alive on 8/29, 1933 Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cardiac insufficiency  
Pulmonary edema  
 Other contributory causes of importance Banks 7/12/31  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Geo. D. Pleitach M. D.  
 (Address) Perryman Mo.

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.

SEP 26 1933

Clayton Mrs.

---

Randall 8243