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

Do not use this space.

31676

File No.

Registered No. 8397

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 2138, Stansbury St. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Louis D. Schneider

(a) Residence, No. 2138 Stansbury St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Katie Baltz Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	4	5	

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation 47 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Illinois

FATHER

13. NAME Louis Schneider

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

MOTHER

15. MAIDEN NAME Katherin Kretsch

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

17. INFORMANT Mrs. Martha Lutz
(ADDRESS) 2138 Stansbury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Park DATE Sept. 27, 1933

19. UNDERTAKER Biderwieden Funeral Home, Inc.
(ADDRESS) 4-1019 St. Louis Avenue

20. FILED OCT 27 1933 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1933 to Sept 24, 1933
I last saw him alive on Sept 24, 1933 Death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
131	
52 R	
31	

Other contributory causes of importance:

Chronic Interstial nephritis

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) Otto C. Hanser M. D.

(Address) 3156 Park Av

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.

Mr Otto Ham[illegible]
3156 Park [illegible]