

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

Do not use this space.

MAR 2 1934

2. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. Population - Hospital)

File No. 7016
Registered No. 1895
St. Ward)

2. FULL NAME

(a) Residence, No. Organon Hotel St. 11 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>? Unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1868</u>				
7. AGE YEARS <u>66</u>	MONTHS <u>-</u>	DAYS <u>-</u>	If LESS than 1 day, hrs. min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter Saloon</u>				
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) <u>Germany</u>				
13. NAME <u>B. Schneider</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
15. MAIDEN NAME <u>Unknown</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT <u>O. Matthews</u> (ADDRESS) <u>Isolation Hospital</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u> DATE <u>Feb 23rd</u> 19 <u>34</u>				
19. UNDERTAKER <u>Arthur J. Donnelly & Co</u> (ADDRESS) <u>3840 of 2nd St</u>				
20. FILED <u>FEB 23 1934</u> 19 <u>J. Bredek</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 22 1934

22. I HEREBY CERTIFY, that I attended deceased from Feb 20, 1934 to Feb 22, 1934
I last saw h. alive on Feb 22, 1934 Death is said to have occurred on the date stated above, at 9^o m.
The principal cause of death and related causes of importance were as follows:
Euphelas, facial Date of onset 2-18
Basilar pneumonia
Chronic Myocarditis
Other contributory causes of importance:
Cataxial effects of 7-15
Name of operation Cataxial effects of 7-15
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? No 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 No
(Signed) John Eschenbrenner D.
(Address) Isolation Hosp

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.

9/10