

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. **7911**  
 Township ..... **1003**  
 City **St. Louis** of **Deaconess Hosp.**  
 Primary Registration District No. ....

File No. **18134**  
 Registered No. **4585**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **Julius Schneider** St. **NR** Ward. **Creve Coeur Mo.**  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widowed**  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF **Martha Schneider**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 8 1857**  
 7. AGE YEARS **77** MONTHS **7 1/2** DAYS **2 1/2** If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **retired salesman**  
 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) **12 23** 11. Total time (years) spent in this occupation

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

13. NAME **Unknown**

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

15. MAIDEN NAME **"**

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

17. INFORMANT **Mrs. J. W. Studt** (ADDRESS) **Creve Coeur, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Stouragan** DATE **5-5-1934**

19. UNDERTAKER **Bohmman Bros** (ADDRESS) **Everland Mo**

20. FILED **5 1003** 19 **J. H. Bredeck** Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4 1934**  
 22. I HEREBY CERTIFY, That I attended deceased from **May 3 1934** to **May 3 1934**  
 I last saw him alive on **May 21 1934**. Death is said to have occurred on the date stated above, at **4 p.m.**  
 The principal cause of death and related causes of importance were as follows:

**Chronic myocarditis** Date of onset  
**131 930 97**  
**131**  
 Other contributory causes of importance: **Chronic Arteriosclerosis nephros**

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

23. If death was due to external causes (violence), fill in also the following: -  
 Accident, suicide, or homicide? **L** Date of injury **5**, 19  
 Where did injury occur? **L** (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 **PPS Kenny** M. D.  
 (Signed) **Creve Coeur Mo**  
 (Address)

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.

JUN 19 1934

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