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.

AUG 15 1934

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

Do not use this space.

File No. 26576

Registered No. 6745

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1719 So 9th St. Ward)

Registration District No. 7911

Primary Registration District No. 1003

2. FULL NAME Sarah Schneider

(a) Residence, No. 1719 So 9th St. St., 23 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: Female

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: Alfred Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 30 - 1890

7. AGE: Years 44 | Months 2 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Missouri

FATHER

13. NAME: Joe Richardson

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Alfred Schneider 1719 So 9th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE July 10 1934

19. UNDERTAKER (ADDRESS): Hausler Heldeke 2331 So Broadway

20. FILED JUL 9 1934 J. J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7- 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-20- 1934, to 7-7- 1934

I last saw h. alive on 7-6- 1934. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Interstitial Nephritis, Chr. 1 yr. 9 mo. — Date of onset

Other contributory causes of importance: Myocarditis, chr.

Name of operation none Date of —

What test confirmed diagnosis? Clinical 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) L. F. Murray, M. D.

(Address) 1931 S. 9th