

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 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....
21000

Registration District No. 791
Primary Registration District No. 1008
(No. City 21000)

17921
File No. 4236
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 3718 Illinois St. 24 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 <i>M</i>	4. COLOR OR RACE <i>w.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Louise Schneider</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 28 - 1866</i>		
7. AGE	YEARS	MONTHS
	<i>68</i>	<i>4</i>
		DAYS
		<i>11</i>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>File.</i>	
	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.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis Mo</i>	
	13. NAME <i>Jacob Schneider</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Margaret Jacobs</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	17. INFORMANT (ADDRESS) <i>Harold J. Taylor City</i>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>North Marcus May 17 1935</i>	
19. UNDERTAKER (ADDRESS) <i>Geick Brothers 2201 S. Grand</i>		
20. FILED MAY 10 1935 <i>J. Brebeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/9 1935*

22. I HEREBY CERTIFY, That I attended deceased from *3/20* 1935 to *5/9* 1935
I last saw him alive on *5/9* 1935. Death is said to have occurred on the date stated above, at *1:30* p.m.
The principal cause of death and related causes of importance were as follows:
Uremia caused by stricture Bronchopneumonia cerebral stricture old, non-traumatic, probably caused by old gonococcal infection
Other contributory causes of importance:
35

Name of operation *Dilated ureth stricture* Date of.....
What test confirmed diagnosis? *N.P.N.* 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) *[Signature]*, M. D.
(Address) *City Hospital*

ACTING