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.

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

SEP 16 1935

Do not use this space.

27612

1. PLACE OF DEATH

County

Township

City St Louis (No. 4202 Red Bud St. Ward)

Registration District No. 701

Primary Registration District No. 1003

File No.

Registered No. 6652

2. FULL NAME Helena Schneider

(a) Residence, No. 4202 Red Bud Ave 10 Ward. (If nonresident, give city or town and State)
(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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late John Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	10	14 ~~70~~	

OCCUPATION

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

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) Germany

FATHER

13. NAME Henry Geisel

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) John G. Schneider 4202 Red Bud

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine Ave DATE Aug 5 1935

19. UNDERTAKER (ADDRESS) Ky Leisner und Co 1417 N Market St

20. FILED AUG -4 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1934, to Aug 2nd, 1935

I last saw her alive on Aug. 2nd, 1935. Death is said to have occurred on the date stated above, at 6.45 P.m.

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

Myocarditis (Chronic)

Date of onset 305 1935 Aug 1st

191

Other contributory causes of importance: Heat exhaustion, Arterio sclerosis

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) C. H. Baker, M. D.

(Address) 3353 Nebraska Ave.

2401 Chem Rec 1st
Rev. of Drugs.