

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.

JAN 23 1936

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. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 6258 Hoffman Ave)

41754

File No. 11001
Registered No.
St. Ward

2. FULL NAME

Margaret Schneider

(a) Residence, No. 6258 Hoffman St., 3 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-29-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 27

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

MOTHER 13. NAME Fred Abeln

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

15. MAIDEN NAME Louise Bergeman

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

17. INFORMANT Mrs. Michaela Hammer (ADDRESS) 6258 Hoffman

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul DATE 12/28 1935

19. UNDERTAKER Peets Bros. (ADDRESS) 3024 2 1/2 St. Louis Ave

20. FILED DEC 27 1935 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

Wap P. Sisson, M.D. attended
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows: cerebral hemorrhage Date of onset

82a
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) Wap P. Sisson, M. D.
(Address).....

