

APR 28 1936

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

Do not use this space.

16128

1. PLACE OF DEATH

County MontgomeryRegistration District No. 592

Township

Primary Registration District No. 5790City Montgomery City (No.)

File No.

Registered No. 10

St.

Ward)

2. FULL NAME Fredrick Joseph Schneider

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred I 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

Married

Divorced (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFEthel Schneider

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

II/26/1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

45419

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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)

St. Louis

(STATE OR COUNTRY)

Missouri

13. NAME

Jacob Schneider

14. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

15. MAIDEN NAME

Elizabeth Solger

16. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

17. INFORMANT

Chas Schneider

(ADDRESS)

Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Marys CemDATE II/17/36 19

19. UNDERTAKER

C. V. Hopkins

(ADDRESS)

Montgomery City Mo

20. FILED

April 16, 1936 Bull Memphis

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April - 15 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 9 1936, to April 15 1936I last saw him alive on April 15 1936. Death is saidto have occurred on the date stated above, at 4 P. m.

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

Influenzal Broncho-
pneumonia
Pneumonia

Date of onset

4-6-364-1-36Other contributory causes of importance: 110

Name of operation

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?

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) James O. Helm, M. D.(Address) New Florence Mo

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.

