

MAY 7 1936

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

Do not use this space.

791

17096

1003

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis*(No. *2802*, *Accomac*)

File No.....

Registered No.....

3850

St. Ward)

2. FULL NAME

Barbara Schneidt(a) Residence, No. *2802 Accomac*, *23* Ward.

(Usual place of abode)

(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

F

4. COLOR OR RACE

W

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

Gustave G.

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

April 3-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*76**0**4*

OCCUPATION

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

Housewife

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

13. NAME

Peter Schader

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

not known

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

Hattie G. Schumaker
7533 Puckale

18. BURIAL, CREMATION, OR REMOVAL

PLACE

*New St. Marcus*DATE *April 10 1936*

19. UNDERTAKER

(ADDRESS)

J. F. Bredeck
2627 Broadway Ave

20. FILED

APR 8 1936

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 7 1936*

22. I HEREBY CERTIFY, that I attended deceased from

April 7 1936, to *April 7 1936*I last saw her alive on *April 7 1936* Death is saidto have occurred on the date stated above, at *12:00* m.

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

Central Nervous System (Apoplexy)

Other contributory causes of importance: *hypertension*

Date of onset

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) *H. W. ...* M. D.(Address) *3315 S. Jefferson Ave*

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.

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument
 is situated in the County of [County Name], State of [State Name],
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any relevant survey information.]

The above-described tract of land is owned by [Owner Name],
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the
 office of the County Clerk of the County of [County Name],
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set his
 hand and the seal of said County at [Location], this [Date] day
 of [Month], 19[Year].

[Signature of County Clerk]

[Signature of Owner Name]