NOV 4 1936

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

Do not use this space.

39032

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. City Hospital #1 St. ..... Ward)

File No. .....

Registered No. 10088

2. FULL NAME Louis A. Schneider

(a) Residence, No. 5218 Louisiana Ave St. Ward. 15
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 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 DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 4-1890

7. AGE: Years 46 | Months 2 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Painter

10. Date deceased last worked at this occupation (month and year): October 1st. 1936

11. Total time (years) spent in this occupation: 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

FATHER

13. NAME: Rudolph Schneider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Mary Kaiser

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

17. INFORMANT (ADDRESS): Josephine Schneider 5218 Louisiana Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: New Pickett DATE: Oct 7 1936

19. UNDERTAKER (ADDRESS): Henry L. Weidemueller 6203 Gravois Ave

20. FILED: OCT 6 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 5, 1936

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 7 15/6 m.

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

Broken Neck (Fracture 2+3d Cervical Vertebrae) Contusion of Cervical Cord, received in a collision between an auto driven by the deceased and a Greyhound Bus

Date of onset

Other contributory causes of importance:

on Municipal Bridge, St Louis, Mo

Accident.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury Oct. 1, 1936

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Collision between two autos

Nature of injury Fracture Cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M.D.

(Address) [signature]

10/5/36

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.

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