

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

Do not use this space.

46297

JAN 20 1937

1. PLACE OF DEATH

Country..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City St. Louis (No. 4023 Lee Ave.) St. Ward)

File No. **12083**
 Registered No.

2. FULL NAME

(a) Residence, No. 4023 Lee Ave. St., 10 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 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 Sophia Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/10/1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	71	4	27	

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

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) St. Louis, Mo.

13. NAME - Joseph Schneider

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

15. MAIDEN NAME Sophia Schmidt

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

17. INFORMANT (ADDRESS) Mrs. Sophia Schneider, 4023 Lee Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12/10/36 19.

19. UNDERTAKER (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILED DEC 9 1936 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-24 1936 to 12-7 1936

I last saw him alive on 12-7 1936. Death is said to have occurred on the date stated above, at 9:50 a. m.

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

terminal Bronchopneumonia Date of onset 12-5-36

Other contributory causes of importance:
cerebral thrombosis
secondary arteriosclerosis

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) John J. Blaska, M. D.
 (Address) 3903 Lee 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.

Dr. Charles M. Felt

397 1/2 Ave.

U.S. Dist. Ct.