MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No. 14522
Township — Primary Registration District No. 1003 — Registered No. 4018
City St Louis Mo (No. City Hospital St. Ward)

2. FULL NAME Robert Schneider
(a) Residence, No. 3419 N 11 St., 26 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. 17 ds. How long in U. S., if of foreign birth? yrs. mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 - 1937
7. AGE YEARS — MONTHS — DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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

FATHER
13. NAME Dan Schneider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ills

MOTHER
15. MAIDEN NAME Ludia Grossmerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ills

17. INFORMANT (ADDRESS) Dan Schneider 3419 North 11th St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Waterloo Ills DATE April 17 1937
19. UNDERTAKER (ADDRESS) H. Lauenheim Waterloo Ills
20. FILED APR 16 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1937, to 4/15/37, 19
I last saw him alive on 4/15/37 Death is said to have occurred on the date stated above, at 3 45 m.
The principal cause of death and related causes of importance were as follows:

Peritonitis caused by Omphalitis

Date of onset 16 d

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) B Church, M. D.
(Address) .....

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.

50M-10-22-36 I X9314

000 1 2 2