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

Do not use this space.

MAY 7 1937

791
1003

File No. 14639
Registered No. 4135

1. PLACE OF DEATH

County ..... Registration District No. ..... Primary Registration District No. .....

Township .....

City St. Louis (No. enroute to City Hospital St. ..... Ward)

2. FULL NAME ERNEST J. Schneider

(a) Residence, No. 4173 Humphrey Ave. St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Adam Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	10	6	

24

OCCUPATION

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

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) until death

11. Total time (years) spent in this occupation 30 years

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

FATHER

13. NAME Jacob Schneider

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

MOTHER

15. MAIDEN NAME Mary Kruttschnitt

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

17. INFORMANT Mary Adam Schneider
(ADDRESS) 4173 Humphrey Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alton, Illinois DATE 4-22 1937

19. UNDERTAKER Albert H. Hoppe Inc.
(ADDRESS) 429 No. Euclid Ave.

20. FILED APR 20 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19 1937

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 9^05 A.m.

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

	Date of onset
Aortic Stenosis with Cardiac Hypertrophy	

Other contributory causes of importance: Chronic Diffuse Nephritis

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? ✓ 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) Alfred Sterry, M. D.

(Address) Deputy Coroner