

0014 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

32712

Do not use this space.

Registered No. 8766

1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City St Louis Mo  
 (d) Street No. 2811 So 59th St  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Schneider

(a) Residence, No. 6318 Arthur Ave St. 14  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 64 5 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Molder  
 9. Industry or business in which work was done, as saw mill, bank, etc. Warren Steel Co  
 10. Date deceased last worked at this occupation (month and year) 17 years  
 11. Total time (years) spent in this occupation

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

13. NAME Unkown

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

15. MAIDEN NAME Unkown

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

17. INFORMANT (ADDRESS) Alfred Schneider  
2811 So 59th St

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews DATE Sept 20 19 37

19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Unt Co  
4228 So Kinghighway blvd

20. SEP 20 1937 19 37 J. Bredeck  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 19 37

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 19 37, to Sept 17 19 37

I last saw him alive on Sept 16 19 37. Death is said to have occurred on the date stated above, at 7:10 a. m.

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

Myocardial Stenosis Aug 37

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? No  
 If so, specify J. Bredeck M. D.  
 (Signed) J. Bredeck (Address) 6200 Columbia 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. Hendricks

6200 Columbia

9-8 PM

STATEMENT BY LICENSED EMBALMER

I, Edwin A. McDermatt, Licensed Embalmer No. 3024

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Edwin A. McDermatt

Licensed Embalmer No. 3024

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**