

OCT 4 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32957

Do not use this space.

9011

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City.....
 (d) Street No.....
 (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 John Schneider Sr.

(a) Residence, No. 4220 Chouteau Ave. St. 18 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Mina Schneider
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 72 7 11
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Night Watchman
 9. Industry or business in which work was done, as saw mill, bank, etc. Independent Pkng.
 10. Date deceased last worked at this occupation (month and year) 6 years ago Co. 11. Total time (years) spent in this occupation

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Freida Lambing (ADDRESS) 4220 Chouteau Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Bk. 9-29 1937

19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILE SEP 27 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1936, to Sept 26 1937

I last saw him alive on Sept 25 1937. Death is said to have occurred on the date stated above, at 5:30 A. M.

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

Chronic Interstitial Nephritis (years)

131

Other contributory causes of importance: General arteriosclerosis several years

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 _____ (Signed) Joseph Knichel, M. D.

(Address) 73634 Manchester Dr. Maplewood MO

Dr. Michael
2343 H. Main Street
N.E. 9671
F300-11

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 M. DeLuath*
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.)