

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32999

Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City **St. Louis**

Registration District No.

Primary Registration District No.

(d) Street No. **St. Johns Hospital** 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

(a) Residence, No. **5112 N. Broadway**

(Usual place of abode, if no street address, write county or city)

St. **9**

(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 **Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Bertha Schneider (Buechel)** (OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1, 1865**7. AGE YEARS **72** MONTHS **8** DAYS **24** If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **General Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)13. NAME **Not Known**14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)15. MAIDEN NAME **Not Known**16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)17. INFORMANT **Carl A. Schneider** (ADDRESS) **4561 Adelaide Ave**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Hiram Park**DATE **Sept 28, 1937**19. FUNERAL DIRECTOR **Math. Hermann & Son** (ADDRESS) **2161 East Fair Avenue**20. FILED **SEP 28 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 25, 1937**22. I HEREBY CERTIFY, That I attended deceased from **Sept 21, 1937, to Sept 23, 1937**I last saw him alive on **Sept 22, 1937** Death is said to have occurred on the date stated above, at **10:00 A. M.**

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

Date of onset

Sept 20th 37
Septic Ephemera

Other contributory causes of importance:

Myocarditis Chronic

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) **M. J. Davis**, M. D.(Address) **3602 W. Harrison Ave**

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

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

..... L. E.

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

Signed Leonard Hampton

Licensed Embalmer No. 2967

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.)