

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.

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

REC'D JUL 12 1938

20023
Do not use this space.
5162

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... **St. Louis** (d) Street No. **4206 Beethoven** St. **15**
 (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

Lena Schneider
 (a) Residence, No. **4206 Beethoven** St. **15** (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF late Hy. A. Schneider		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28th. 1857		
7. AGE 80	YEARS 5	MONTHS 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-work		11. Total time (years) spent in this occupation.....
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).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois		
13. NAME Peter Briegel		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Elizabeth Schreiber		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) Walter Schneider 4105a Virginia Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Ill. DATE June 7th. 1938		
19. FUNERAL DIRECTOR (ADDRESS) William Schumacher 3013 Meramec Street.		
20. FILED JUN 6 1938 J. D. Bredich Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 4th. 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 12th 1938** to **May 28th 1938**
 I last saw **her** alive on **May 28th 1938**. Death is said to have occurred on the date stated above, at **8/30am**
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Chronic Interstitial Nephritis
 Other contributory causes of importance: **131**

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) **St. W. Schumacher** M. D.
 (Address) **3108 Chippewa St.**

3108 *Alphington*

STATEMENT BY LICENSED EMBALMER

I, FRED W. WETTIG, Licensed Embalmer No. 1534

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 Fred W. Wettig

Licensed Embalmer No. 1534

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.)