

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

791
1008

12756

Do not use this space.

3098

DEC'D MAY 10 1939

1. PLACE OF DEATH

- (a) County..... Registration District No. 2
 (b) Township..... Primary Registration District No. Registered No.
 (c) City Saint Louis, Missouri (d) Street No. 2918 Wyoming Street. 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 Albert Schneider

- (a) Residence, No. 2918. Wyoming Street. St. 24 (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) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11th, 1878.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 2 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plumbing Business
 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 occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri.
 (STATE OR COUNTRY)

13. NAME Adelbert Schneider

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Adeline Schneider.
 (ADDRESS) 2918 Wyoming Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul Cem. April 3rd, 1939

19. FUNERAL DIRECTOR (NAME) Biegenheim Bros.
 (ADDRESS) 2623 Cherokee Street.

20. FILE APR 2 1939 J. F. Bredich
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1939, to Mar 29, 1939
 I last saw him alive on March 29, 1939 Death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Arteriosclerosis
Chronic contributory causes of importance:
Arteriosclerosis

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 Edison & Yell M. D.
 (Signed) 3805 Asbury
 (Address)

WHILE PRINTING, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X14028

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Vearl E. Morris.

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee Street.

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.)

If this body is not embalmed, above space should be left blank.