4 1939

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.

REC'D AUG 7 1939

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

26893
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township arondelet — Primary Registration District No. 265 — Registered No. 1274
or
(c) City ~~Jefferson Barracks~~ — (d) Street No. Vet Hosp. St.
Unkn. (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 535 Erwin E. Schneidewind
(a) Residence, No. 200 McKinley Drive, St. Belleville, Illinois.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Florence Schneidewind

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 2, 1892

7. AGE: YEARS 46 — MONTHS 11 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Prop. Automobile
9. Industry or business in which work was done, as saw mill, bank, etc.: Business.
10. Date deceased last worked at this occupation (month and year): -
11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belleville, Illinois

FATHER
13. NAME: Dottiel Schneidewind
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - Illinois

MOTHER
15. MAIDEN NAME: Emma Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - Illinois

17. INFORMANT (ADDRESS): Clinical Clerk, VAF., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Mount DATE July 15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Sundlach & Co. Belleville

20. FILED JUL 14 1939 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939, to July 13, 1939
I last saw him alive on July 13, 1939. Death is said to have occurred on the date stated above, at 5:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor malignant, adamantino-carcinoma, primary right mandible with metastases to spine, ribs and liver.	Unkn.

Other contributory causes of importance: None

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Name of operation ..... Date of .....
What test confirmed diagnosis? Phy. clinical and autopsy. Was there an autopsy? YES

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) C. W. HUGHES, Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

B.C.

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, or by

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Edgar A. Balder

Licensed Embalmer No. 2846

P. O. Address Beekville Ill

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

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