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 SEP 14 1939

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

Do not use this space. 27418

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 6918
(c) City St Louis (d) Street No. Jewish Hosp 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 35 yrs. mos. ds.

2. PRINT FULL NAME 536 Charles Schneider
(a) Residence, No. 2919 Thomas St St. 21
(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 Fannie Schneider
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS About 70 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Presea
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) 1931
11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 7

FATHER
13. NAME Nucham Schneider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 7

MOTHER
15. MAIDEN NAME Yenta — 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Fannie Schneider 2919 Thomas
18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE Aug 8 1939
19. FUNERAL DIRECTOR (ADDRESS) Rienhandler 4469 Washington
20. FILED AUG 9 1939 19 J D Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/8 1939
22. I HEREBY CERTIFY, That I attended deceased from 8/7, 1939, to 8/8, 1939
I last saw him alive on 8/8, 1939. Death is said to have occurred on the date stated above, at 8:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	8/7
Coronary occlusion	8/7
Pulmonary edema	8/8
No pneumonia	

Other contributory causes of importance: 94 C

Name of operation ..... Date of .....
What test confirmed diagnosis? EKG Was there an autopsy? no

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) L M Kotner, M. D.
(Address) Jewish Hosp.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W B Oferhandle, Licensed Embalmer No. 3669

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 W B Oferhandle

Licensed Embalmer No. 3669

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.)