. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8857

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2340

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
5159 Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5159 Cates
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME Herman H (Hyman) Schneider

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Schneider

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased December (Month) 25 (Day) 1875 (Year)

8. AGE: Years 64 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Volhynia (City, town, or county) Russia (State or foreign country) 7

10. Usual occupation Clothing Manufacturer

11. Industry or business

FATHER
12. Name Berel Schneider
13. Birthplace (City, town, or county) Russia (State or foreign country) 7

MOTHER
14. Maiden name Yenta (unk)
15. Birthplace (City, town, or county) Russia (State or foreign country) 7

16. (a) Informant Jacob Passer
(b) Address 5159 Cates

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H.B.Berger
(b) Address 4715 McPherson

19. (a) MAR 10 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9
year 1940 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from Jan 1938, to March 9, 1940
that I last saw him alive on March 8, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	12 yrs
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature A. F. Ferner (M. D. or other)
Address 1259 N. Kingshighway Date signed 3-9-40

(Licensed Embalmer's Statement on Reverse Side)

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 H. I. BERGER, Registered Apprentice No._____, working under my personal supervision.

Signed H. I. Berger

Licensed Embalmer No. 1597

P. O. Address_____

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.