

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

Do not use this space.

35601

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **5637a Dewey Avenue**) St. .... (Ward)

File No.....  
 Registered No. **10371**

**2. FULL NAME Lorenz Schneider**

(a) Residence. No. **5637a Dewey Avenue** St. **15** Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 **Elizabeth Schneider**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 10, 1864**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....
	<b>65</b>	<b>2</b>	<b>10</b>	hrs. or .....

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. **Brewery Worker**  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... **Germany**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **John Schneider**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... **Germany**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **Germany**  
 (STATE OR COUNTRY)

14. INFORMANT **Elizabeth Schneider**  
 (Address) **5637 Dewey Ave**

15. **OCT 22 1929** FILED **19** **May C. Starbuck** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **October 20, 1929**

17. I HEREBY CERTIFY, That I attended deceased from **July 7<sup>th</sup>** 19**29** to **Oct 26, 1929** that I last saw him alive on **Oct 20**, 19**29**, and that death occurred, on the date stated above, at **5:50 P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Carcinoma of Esophagus**  
 H.L.H.  
 92C.

(duration) ..... yrs. **6** mos. .... ds.  
 CONTRIBUTORY **Chr. Myocarditis**  
 (SECONDARY) (duration) **1** yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

20. WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical and Lab.**

(Signed) **J.P. Nakada** M. D.

**10/20, 1929** (Address) **3115 So. Grand**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

**SS Peter & Paul**

20. UNDERTAKER

**Wacker-Heldlerle**

DATE OF BURIAL

**Oct. 23<sup>rd</sup> 1929**

ADDRESS

**2331-S Osborn**

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.

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STATE OF NEW YORK  
ALBANY

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