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

Do not use this space. 20590

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25 1930

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160 — File No.

Township Central — Primary Registration District No. 4470 — Registered No. 52

City University City (No. 7301 Kingsbury St. Ward)

2. FULL NAME Erika Maude Rosa Schneider

(a) Residence. No. 1019 Fairmount St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26, 1902

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
27	6	9	

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

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

PARENTS

10. NAME OF FATHER Franz M Schneider

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Wendell Schneider
(Address) 1019 Fairmount Blvd

15. FILED 6/6, 1930 Lena V. Moeller D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1930

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1930, to June 5, 1930, that I last saw her alive on June 5, 1930, and that death occurred, on the date stated above, at 10:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Complete Obstruction of Small Intestine due to Intra Abdominal Adhesions
129 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Abdominal Adhesions following Laparotomy 6 yrs ago (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Bedside Observation

(Signed) R. E. Owen, M. D.
6/5, 1930 (Address) 607 No Grand St. Louis Mo

*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	DATE OF BURIAL
St. Peters Cemetery	June 7, 1930
20. UNDERTAKER	**ADDRESS**
Drehmann Hanal	1905 Union

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

University Club

cated by check marks, lacking from the death certificate:

Name: Erika Maude Rosa Schneider

Who died at: University City on June 5, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) 1883

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Complete obstruction of small intestines due to intra-abdominal adhesion

Contributory: Abdominal adhesion following Laparotomy 6 yrs. ago

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Was th

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