1 1930

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 27876

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 270

City Jefferson Barracks, Mo. — U.S. Veterans Hospital, Jefferson Brks, Mo. (Ward)

2. FULL NAME Gregory C. Schneider

(a) Residence. No. R.#1. St. Peters, Mo. St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. wn. 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)
Male.	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lucy Schneider.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	5	5	

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

9. BIRTHPLACE (CITY OR TOWN) St. Peters, (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Anton Schneider.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Peters, (STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Elizabeth Zerr.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Peters, (STATE OR COUNTRY) Missouri.

14. INFORMANT (Address) U.H. Smith, Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED 8-10, 1930 L. C. Obrock REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 9, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1930, to August 9, 1930 that I last saw him alive on August 9, 1930 and that death occurred, on the date stated above, at 5:00 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 38 Malaria, tertian. 84

Contributory cause: Because of inability to co-operate in treatment; Dementia Precox, hebephrenic type. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown.
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical, Clinical & Laboratory Findings.

(Signed) W. C. Gibson, Medical Officer In Chg M.D.
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, 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 O'Fallon Mo — DATE OF BURIAL 8/10 1930

20. UNDERTAKER Hoffmeister W. L. Co — ADDRESS 1814 Broadway

...r in order that proper classification may be made. ...
requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate: 270

Name: Gregory C. Schneider

Who died at: Jefferson Barracks Mo. on Aug. 9, 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) _____

Birthplace of mother (State or country) _____

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CAUSE OF DEATH: Malaria tertian

Contributory cause: Because of inability to cooperate in treatment

Contributory: Dementia Precox, Hebephrenic Type.

not Gen'l Paralysis of Insane

Where was disease contracted? not Malarial Treat. for Syph. —

Did operation precede death? _____ Date of _____

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

OCT 4 1954

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