

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

Do not use this space.

37753

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City *St. Louis* (No. *1205*) *Dillon*

File No. ....

Registered No. **10845**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. *1205 Dillon* St., *22* Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

*Male*

**4. COLOR OR RACE**

*White*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

*married*

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

*Nov. 16<sup>th</sup> 1930*

*No Physician in attendance*  
I HEREBY CERTIFY, That I attended deceased from

19... to 19...  
that I last saw h... alive on 19... and that death occurred, on the date stated above, at *4:37 P.M.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Chronic Myocarditis*  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

*POB*  
(duration) yrs. mos. ds.

**18: WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPT? *No*

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) *J. W. Kemmer* M.D.  
*11/17/30* (Address) *Dep. Coroner*

\*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**

*S. Peter Paul Cem.* *11-19 1930*

**20. UNDERTAKER**

**ADDRESS**

*Witt Bros. L. & H. Co. 2929 S. Jefferson*

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

*Victoria Schneader*

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

*Sept. 14 1863*

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<i>67</i>	<i>2</i>	<i>2</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Day laborer*  
(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)**

*St. Anthony Indiana*

PARENTS

**10. NAME OF FATHER**

*J. Fred Schneader*

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

*Germany*

**12. MAIDEN NAME OF MOTHER**

*Anderson*

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

*Unknown*

**14.**

**INFORMANT**

*Chris Schneader*  
(Address) *4070 Castleton Ave*

**15.**

**FILED**

*Nov 17 1930*  
*Witt Bros. L. & H. Co.*  
REGISTRAR

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.

