MAR 27 1931

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

6969

**1. PLACE OF DEATH**
96 County St. Louis — Registration District No. 1123 — File No. 1
Township Carondelet — Primary Registration District No. 6248E — Registered No. 66
City ~~St. Louis, Mo.~~ (No. 9612, S. Broadway St. Ward)

**2. FULL NAME** Anton Schneider
(a) Residence. No. 9612 S. Broadway 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) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21, 1884.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 5 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hardware 166
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri 1

PARENTS
10. NAME OF FATHER Herman Schneider
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10
12. MAIDEN NAME OF MOTHER Ida Hahn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Magdelena Schneider
(Address) 9612 So Broadway

15. FILED 2-17 1931 L. C. Obrock M.D. REGISTRAR

3 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15, 1931.

17. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1930, to Feb. 15, 1931, that I last saw him alive on 2-10, 1931, and that death occurred, on the date stated above, at 4:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
59
82A (apoplexy)
97 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) arteriosclerosis and Diabetic (duration) 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?
(Signed) D. S. Brett, M. D.
2-16, 1931 (Address) 6006 Va. ave.

*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 |
|---|---|
| Mt. Hope Cemetery | Feb. 18, 1931. |
| 20. UNDERTAKER | ADDRESS 6320 S. Grand. |
| Southern Undt. Co. | |

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.