

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.

AUG 30 1937

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

Do not use this space.

28237

1. PLACE OF DEATH
 County St. Francois Registration District No. 774
 Township North St. Francois Primary Registration District No. 4465
 City Flat River (No. _____) St. _____ Ward _____

2. FULL NAME Fred Schneider
 (a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1861

7. AGE YEARS 76 MONTHS 4 DAYS 19 IF LESS THAN 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Master Mechanic
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) 7/1/37 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerry City, N.Y.

FATHER
 13. NAME Henry Schneider
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Le Roy Schneider
 (ADDRESS) 5204 Penn. ave. St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Park View DATE 7/28/1937

19. UNDERTAKER C. J. Boyer
 (ADDRESS) DeSage, Mo.

20. FILED 8/17 1937 C. B. Karran
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1937

22. I HEREBY CERTIFY That I attended deceased from July 21, 1937 to July 26, 1937
 that saw h. alive on July 26, 1937 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
& decompensation
 Date of onset _____

Other contributory causes of importance:
Hyper tension

Name of operation None Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____

(Signed) E. H. Thompson, M. D.
 (Address) Flus Over Road

W 19 1954

MEMPHIS

NOV 19 1954