

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

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

31105

Do not use this space.

1. PLACE OF DEATH

- (a) County.....
- (b) Township.....
- (c) City St. Louis
- (d) Street No. EN ROUTE CITY HOSP. #1 (If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1008

Primary Registration District No. 536 Registered No. 8542

2. PRINT FULL NAME Joseph George Schneider

- (a) Residence, No. 5706 Cabanne St. 5 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1907

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

30 8 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Comm. Artist.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Joseph Schneider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Anna Heiman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Margaret Schneider (ADDRESS) 5706 Cabanne

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE Sept. 30, 38

19. FUNERAL DIRECTOR (NAME) John L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILED SEP 29 1938 J. Bredeck Local Registrar.

No at ~~Verifying~~ Medical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 8.08 A.M.

The principal cause of death and related causes of importance were as follows:

Basal Fracture of Skull
Subdural Hemorrhage
of Brain, suffered in
fall down steps at
325 Kralovic Ave
Sept 27 1938 Tom Unbrun

Name of operation Accident Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9/27/38
Where did injury occur? Public Place
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury See above

24. Was disease of injury in any way related to occupation of deceased? No
If so, specify Alfred Perry
(Signed) Alfred Perry (Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Clarence P. Kider

Licensed Embalmer No. 3877

P. O. Address 69379 Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.