

# Certificate of Death

Certificate No. **25366**

FILED 24 PM 4:16

1. NAME OF DECEASED **EDDIE** **SCHNEIDER**  
(Print) First Name Middle Name Last Name Social Security No.

**PERSONAL PARTICULARS** (To be filled in by Medical Examiner.) **MEDICAL CERTIFICATE OF DEATH** (To be filled in by Medical Examiner. See over.)

2 USUAL RESIDENCE: (a) State **N.Y.**  
(b) City **Queens** (c) Town or City **Brooklyn**  
**32-50 - 93d Street, Jackson Hgts. St.**  
(d) No. **Life**  
(If in rural area, give location)  
(e) Length of residence or stay in City of New York immediately prior to death

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

4 WIFE **Gretchen** of **Ortchen**  
HUSBAND

5 DATE OF BIRTH OF DECEDENT **October 20th 1911**  
(Month) (Day) (Year)

6 AGE **29** yrs. mos. das. hrs. or min.  
IF LESS than 1 day.

7 OCCUPATION  
A Trade, profession, or particular kind of work, as plumber, sawyer, bookkeeper, etc. **Aeroplane Pilot**  
B Industry or business in which work was done, as silk mill, sawmill, bank, etc.

8 BIRTHPLACE OF DECEDENT **U. S.**  
(State or country)

9 How long in U. S. (if of foreign birth)

10 IF DECEASED WAS VETERAN, NAME WAR

11 NAME OF FATHER OF DECEDENT **Emil**

12 BIRTHPLACE OF FATHER (State or country) **Germany**

13 MAIDEN NAME OF MOTHER OF DECEDENT **Inga Petersen**

14 BIRTHPLACE OF MOTHER (State or country) **Norway**

15 SIGNATURE OF INFORMANT **GRETCHEN SCHNEIDER**  
RELATIONSHIP TO DECEASED **WIFE**  
ADDRESS **32-50-93<sup>RD</sup> ST. JACKSON Hgts**

16 SEX **Male** 19 Color or Race **White** 20 Approximate Age **29**

17 DATE AND HOUR OF DEATH **December 23d 1940** (Month) (Day) (Year) (Hour) **P.M.**

18 PLACE OF DEATH: (a) NEW YORK CITY: (b) Borough **Brooklyn**  
(c) Name of Hospital or Institution **Flatbush Avenue &**  
(If not in hospital or institution, give street and number.)  
(d) If elsewhere than in hospital or own residence, specify character of place of death, as: hotel, office, store, street, taxicab, etc. **Deep Creek**

19 I hereby certify (a) that in accordance with Sections 878-2.0 and 878-3.0 of the Administrative Code for the City of New York, I went to, and took charge of the dead body at **Kings County Morgue**  
this **24th** day of **December** 19**40**  
(b) that I examined the body and investigated the circumstances of this death, and  
I further certify from the investigation, (complete autopsy)\* (partial autopsy)\* (incision)\* and examination, (c) that, in my opinion, death occurred on the date and at the hour stated above and resulted from (natural causes)\* (accident)\* (suicide)\* (homicide)\* (undetermined circumstances, pending further investigation)\*, and (d) that the causes of death were:  
**Crushed Chest & Abdomen;**  
**Hemothorax & Hemoperitoneum:-**  
**in aeroplane crash.**

21 DATE OF BURIAL OR CREMATION **Dec. 27, 1940**  
22 PERMIT NUMBER **2383**  
23 FUNERAL DIRECTOR **New York Funeral Service** ADDRESS **148 E. 14<sup>th</sup> St**  
BUREAU OF RECORDS DEPARTMENT OF HEALTH CITY OF NEW YORK