

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

Do not use this space.

7370

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. City Hospital)

File No.

Registered No. 1685

St.

Ward)

2. FULL NAME Lawrence Schroeder

(a) Residence. No. 3923

(Usual place of abode)

Miami St.

16 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

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

Paulina Schroeder

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

Feb 8 - 1870

7. AGE

YEARS 61

MONTHS -

DAYS -

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Horseman

(b) General nature of industry, business, or establishment in which employed (or employer)

Horseshoer

(c) Name of employer

for himself

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

John Schroeder

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Marie Dressel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

City Hospital

15.

FILED - 9 1931

W. C. Standley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 8 1931

17.

I HEREBY CERTIFY, That I attended deceased from Jan 23 1931, to Feb 8 1931, that I last saw him alive on Feb 8 1931, and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subacute Cholecystitis
Tuberculous Pneumonia
Subacute Hepatitis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

No DATE OF 2/5/31

20. WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical
(Signed) Carl P. Foster M. D.
8 1931 (Address) City Hospital

*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

Bressell

Feb 11 1931

20. UNDERTAKER

ADDRESS

Benshek Yehaus

113876th

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.

Schweder