

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

Do not use this space.

22716

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 5248 F
 City 111 E. Florence Av. (No. 111 E. Florence Av. St. Ward)

2. FULL NAME Rose A Schroeder
 (a) Residence. No. 111 E Florence Av. St. Ward. (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 Female 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 Frank Schroeder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27, 1978

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>53</u>	<u> </u>	<u>3</u>	<u>5</u>	<u> </u>

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

9. BIRTHPLACE (CITY OR TOWN) Breeze Illinois
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Frank Budde

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Mary Hagen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Frank Schroeder
 (Address) 111 E Florence Av.

15. June 4, 31 L. C. Obrock M.D. FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1931

17. I HEREBY CERTIFY, That I attended deceased from May - 29, 1931, to June - 2 - 1931. that I last saw him alive on June - 1 - 1931, and that death occurred, on the date stated above, at 5 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
131
93C
107A (duration) yrs. mos. 4 ds.
 CONTRIBUTORY (SECONDARY) Chronic myocarditis and chronic nephritis (duration) yrs. mos. ds.
Don't know.

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. Smith M. D.
6/3/31 (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 June 5 1931

20. UNDERTAKER ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. Every item of information should be carefully supplied.

JUN 28 1931



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