

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No.)

Registration District No. 257
Primary Registration District No. 3036

File No. 7858
Registered No. 23
St. Ward)

2. FULL NAME

Ma. Margaret Schroeder
(a) Residence, No. 128 Poppleton St. St. 2 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Theodore Schroeder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20th, 1844</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>9</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Germany</u>		
FATHER	13. NAME <u>Serbe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Theo. Schroeder</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clymont, Ill</u> DATE <u>Feb. 21st, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Hackman - Bone</u>		
20. FILED <u>2/19</u> <u>1937</u> <u>Clarence G. Messler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1918, to Feb 18, 1937

I last saw her alive on Feb 18, 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Chronic Myocarditis Date of onset 1931

Other contributory causes of importance:

Name of operation None Date None
What test confirmed diagnosis? Chloroform Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ret. Messler, M. D.
(Address) 29 Charles St.

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

