

REC'D AUG 12 1938

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

24071
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4042** **Manchester Ave.** Registered No. **6765**
 (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.

2. PRINT FULL NAME

William F. Schroeder
 (a) Residence, No. **4042 Manchester Ave.** St. **18**
 (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 **Bessie Davis Schroeder**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 9, 1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
74 6 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Deputy Sheriff**
 9. Industry or business in which work was done, as saw mill, bank, etc. **City St. Louis**
 10. Date deceased last worked at this occupation (month and year) **1932** 11. Total time (years) spent in this occupation.....

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

13. NAME **William Schroeder**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Bessie Davis Schroeder**
 (ADDRESS) **4042 Manchester Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **7-30**, 19**38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser Mortuary**
4228 So. Kingshighway

20. FILED **JUL 29 1938** **J. D. Bredich** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-28**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **July 19**, 19**38**, to **July**, 19**38**.
 I last saw h. e. alive on **July 20**, 19**38**. Death is said to have occurred on the date stated above, at **11:40 A.M.**

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

Uraemic Poisoning
131
Cirrhosis of Kidneys

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **Orville C. Smith**, M. D.

(Address) **4103 W. 1st Pine**

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.

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 Edmund M. Bennett

Licensed Embalmer No. 3024

P. O. Address _____

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

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