

BUREAU OF THE CENSUS
REC'D AUG 11 1939Registration District No. 791Primary Registration District No. 1003Registrar's No. 6072

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4817 Terrace Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Entire life years, months or days)

3. (a) PRINT FULL NAME Ida Schroeder8. (b) If veteran, name war No3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Late John T. Schroeder 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased June 12th 1854
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
85 0 25 hr. min9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housework at home12. Name William Horneyer13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Amelia Unknown
(City, town, or county) (State or foreign country)15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Tillie Hoehle(b) Address 4817 Terrace Ave.17. (a) Burial (b) Date thereof 7-10-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old Pickers Cemetery18. (a) Signature of funeral director Kriegshauser Mortuar(b) Address 4228 So. Kingshighway19. (a) JUL 10 1939 (b) J. D. Braddock
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town Mo. 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4817 Terrace Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1939 hour 7:45 minute P.M.21. I hereby certify that I attended the deceased from July 5th
_____, 1939, to July 7, 1939
that I last saw her alive on July 7, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Apoplexy Duration _____

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings of operations _____

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on (arm, in industrial place, in public place)? _____

While at work? none (Specify type of place) (e) Means of injury _____23. Signature J. P. Johnson (M. D. or other) _____Address 6853 Grover Ave Date signed 7-9-39

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 *Edurn M Bernath*
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.