

RECD OCT 14 1939
Registration District No. 1003

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 4265 St. Louis 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 _____
 years, months or days 6 3/4

3. (a) PRINT FULL NAME NELLIE E. SCHROEDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Gen. R. E. Schroeder 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased May 15 1865
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>22</u>	hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 12. Name Leavid. Harrahan 5
 13. Birthplace Ireland 5
 (City, town, or county) (State or foreign country)
 14. Maiden name Johanna Slattery
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John P. Brien(b) Address 4239 St. Louis Ave17. (a) _____ (b) Date thereof Sept 9, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary18. (a) Signature of funeral director Edw. J. Howard & Son(b) Address 4212 St. Louis Ave19. (a) SEP 8 1939 (b) J. F. Bredeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 1
 (c) City or town St. Louis Mo 110
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4265 St. Louis Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 th
year 1939 hour 7:30 minute _____ A. M.21. I hereby certify that I attended the deceased from July 10th, 1934 to Sept 6th, 1939
that I last saw her alive on Sept 5th, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia - pneumonia Duration 3 daysDue to sepsis - authentic
definitiveDue to cystitis - may have
been malignantOther conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations 10/7/39
 Of autopsy _____
 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 farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Gay (M. D. or other) _____Address 737 University Club Bldg Date signed 9/7/39

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 Edward P. Howard

Licensed Embalmer No. 1443

P. O. Address 4212 St Louis ave

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.