

NOV 13 1939  
Registration District No. \_\_\_\_\_791  
1008

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

8689

## 1. PLACE OF DEATH:

(a) County 3  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
En Route to City Hospital #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 1925 A. Chouteau Ave (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Emma Schroeder 6263. (b) If veteran,  
name war \*\*\*\*\*3. (c) Social Security  
No. \*\*\*\*\*4. Sex Female 5. Color or  
race White6. (a) Single, widowed, married,  
divorced Widow6. (b) Name of husband or wife  
Unknown6. (c) Age of husband or wife if  
alive Unknown years7. Birth date of deceased Unknown  
(Month) (Day) (Year)8. AGE: Years about 65 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.9. Birthplace Unknown  
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Unknown13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Unknown  
(City, town, or county) (State or foreign country)15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Joe M. Quinn(b) Address Coroner's Office17. (a) Burial (b) Date thereof October 11 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Pickers Cemetery18. (a) Signature of funeral director Petz Brothers(b) Address 3029 Lafayette Ave19. (a) OCT 11 1939 (b) J. J. [Signature]  
(Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town St. Louis 22  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1925 A. Chouteau Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th  
year 1939 hour 6:20 minute P. M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of cervical vertebrae and compound fracture of both legs, when she walked in front of an automobile driven by one, William Merod, about 6:16 P.M. Oct. 7th, 1939, about 30 feet east of the intersection of Mississippi and Chouteau Avenues.  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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) Accident(b) Date of occurrence October 7th, 1939(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Public Place?While at work No (Specify type of place) (e) Means of injury Auto23. Signature Joseph M. Quinn (M.D. or other) \_\_\_\_\_Address Coroner's Office

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**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 Francis J. Owens

Licensed Embalmer No. 2245

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.**