DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37985

Registration District No. 791 — Primary Registration District No. — Registrar's No. 9824

1. PLACE OF DEATH: 1003
(a) County 2
(b) City or town of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6105 Southwest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 39 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County
(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6105 Southwest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henrietta Schroeder 631
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Henry C.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 4, 1864 (Month) (Day) (Year)

8. AGE: Years 75 | Months -- | Days 12 | If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife 1
11. Industry or business 1
FATHER
12. Name Anthony Everett
13. Birthplace Illinois (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Sarah Jane Anthony
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Addie Higdon
(b) Address 6105 Southwest
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/39 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem
18. (a) Signature of funeral director C. W. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) NOV 12 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1939 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Fall of 1935, 19, to Nov. 16, 1939, that I last saw her alive on Nov. 9, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	1 year
Due to 92 a	
Due to	
Other conditions Endocarditis, chronic (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

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

23. Signature A. E. Everett (M. D. or other)
Address Granite City, Ill. Date signed 11-17-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

Rev. 5-17-39 1 X18511

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2301 Lafayette

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.