

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

40669
 Do not use this space.

1. PLACE OF DEATH *Carl Schroeder*
 (a) County *Greene* Registration District No. *7600*
 (b) Township *Greene* Primary Registration District No. *5444* Registered No.
 (c) City *Wentzville* (d) Street No. St.
 (e) Length of residence in city or town where death occurred *45* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Carl Schroeder*
 (a) Residence, No. *136 Flint Hill, Mo.* St. (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) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 6 - 1872*

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------------------|
| | <i>67</i> | <i>7</i> | <i>29</i> | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Mills, Mo.*

FATHER

13. NAME *Fredrick Schroeder*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know Germany*

MOTHER

15. MAIDEN NAME *Stephan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Louis Schroeder Wentzville, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wentzville Mo* DATE *Nov.* 19*39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *T. E. Bohman Wentzville, Mo.*

20. FILED *Nov - 9 - 39* *Gertrude S. Forstner* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 4 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1939*, to *Nov 1939*
 I last saw him alive on *Nov. 1 1939*. Death is said to have occurred on the date stated above, at *4 p.* m.
 The principal cause of death and related causes of importance were as follows:
Myocardial degeneration
Cardiac decompensation

Date of onset

Other contributory causes of importance: *A2C*

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*39*
 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? *NO*
 If so, specify

(Signed) *A. C. Mc Murray* M. D.
 (Address) *Wentzville*

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.....

P. E. Pitman

Licensed Embalmer No. *2711*

P. O. Address *Wheatville, Mo.*

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.