

JAN 12 1944

Registration District No. _____

Primary Registration District No. _____

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:
4424 Lee 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 79 yrs. years, months or days)

3. (a) PRINT FULL NAME Bertha Schroeder 636

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Wm. C. Schroeder 6. (c) Age of husband or wife if alive Deed. years7. Birth date of deceased Dec. 29th. 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 11 25 hr. min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

12. Name Henry Schmale13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Charlotte Roen15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mini E. Klein(b) Address 4427 Lee Ave.17. (a) Burial (b) Date thereof 12-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peters Cem.18. (a) Signature of funeral director Provoost Mtd Co.(b) Address 3710 N. Grand Blvd.19. (a) DEC 26 1939
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4424 Lee Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th
year 1939 hour 1.00 minute P. M.21. I hereby certify that I attended the deceased from 36 to Dec 24, 1939
that I last saw her alive on Dec 23, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Acute Myocarditis

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

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?

23. Signature J. F. [Signature] (Specify type of place) (M. D. or other)
 Address 4424 Lee Ave. St. Louis Designated

*Two bills
443 a n. instead
2-3*

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed *Robert C. Burkman*

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

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.