

ED MAY 8 1940

Registration District No. **784**

Primary Registration District No. **101**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
19 Arundel Place
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 19 Arundel Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Elizabeth Kathryn Schroeder **136**

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 20 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 5 26 hr. _____ min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Edward T. Schroeder

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lillian O. Patterson

15. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Edward T. Schroeder

(b) Address 19 Arundel Place

17. (a) Cremation (b) Date thereof 4/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. At Concordia Lane

19. (a) APR 17 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 13 1940, to April 16 1940
that I last saw her alive on April 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Infectious Endocarditis Duration 18 Days

Due to La Grippe

Due to _____

Other conditions: Compensated Aortic Insufficiency
(Include pregnancy within 2 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) _____
(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 [Signature] (M. D. or other) _____
Address 402 No. Taylor Date signed 4/16/40

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

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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 Edward J. Beckherst, Registered Apprentice No. _____ working under my personal supervision.

Signed Edward J. Beckherst
Licensed Embalmer No. 2502
P. O. Address Clayton 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.