No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17086

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4564

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

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:
4248 Norfolk Ave. 2
(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 Mo. (b) County

(c) City or town St. Louis 0 18
(If outside city or town limits write "RURAL")

(d) Street No. 4248 Norfolk Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Oscar Schroeder 636

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta Schroeder

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct. (Month) 13 (Day) 1880 (Year)

8. AGE: Years 59 Months 7 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Salesman for self

11. Industry or business

FATHER
12. Name John Schroeder
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ida Horneyer
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Augusta Schroeder
(b) Address 4248 Norfolk Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation Old Pickers Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

MAY 23 1940

19. (a) (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22st year 1940 hour 3 minute A.M. M.

21. I hereby certify that I attended the deceased from May 20, 1940, to May 22, 1940
that I last saw him alive on May 22, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	2 days
Due to Vascular heart disease	
Due to	
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)
(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 W Antoine Hall (M. D. or other)
Address 1625 Tower Grove Ave Date signed 5/22/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. Antoine Hall
Tower Grove & McRee 1-3

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Edwin D. McDermott

Licensed Embalmer No. 302 x

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.