

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23669

State File No. 6114

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3506a Bailey Ave. *2*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 40 years.
(Specify whether years, months or days)

In this community..... 40 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis *10*
(If outside city or town limits, write "RURAL")

(d) Street No. 3506a Bailey Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Herman E. 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 Mary J. Schroeder

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 8, 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1940 hour 11 minute p. M.

21. I hereby certify that I attended the deceased from June 1, 1940 to July 19, 1940
that I last saw him alive on July 19, 1940 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>11</u> hr. min.

Immediate cause of death Chr myocarditis *1/31* Duration 1/31

Due to Age & Choreaephritis

Due to.....

Other conditions 1/31
(Include pregnancy within 3 months of death)

9. Birthplace Bredze, Illinois *1*
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Harness Maker

MOTHER FATHER { 12. Name John Schroeder *6*

13. Birthplace Germany *6*
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dressler

15. Birthplace Germany *6*
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Schroeder

(b) Address 3506a Bailey Ave.

17. (a) Burial (b) Date thereof July 22, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of informant Robert N. Nelson

(b) Address 1431 Union Blvd.

19. (a) JUL 22 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Major findings: 1/31
Of operations.....

Of autopsy.....

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 N. Nelson & P. Pruetz *1* (M. D. or other)
Address 3126 N. Grand Date signed 7-20-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3/26 No. 11-2

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 *Frank J. McLean*

Licensed Embalmer No. *2915*

P. O. Address.....

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, fact should be so stated above.