

SEP 1

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27979

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 878

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution 1101 North 3rd  
(d) Length of stay: In hospital or institution life  
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 1101 North 3rd  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULLNAME Adolph Hugo Schroeder 636

3. (b) If veteran, name war. (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 Phoebe 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased March 17 1886

8. AGE: Years 54 Months 4 Days 22 If less than one day hr. min.

9. Birthplace St. Joseph Missouri

10. Usual occupation Retired

11. Industry or business Operator of Saloon

MOTHER FATHER { 12. Name John Schroeder  
13. Birthplace Unknown Germany  
14. Maiden name Marie Hansen  
15. Birthplace Unknown France

16. (a) Informant Mrs Phoebe Schroeder (b) Address 1101 North 3rd, St. Joseph, Missouri

17. (a) burial (b) Date thereof August 12, 1940

(c) Place: burial or cremation Ashland Cemetery, St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 1302 Farnon, St. Joseph, Missouri

19. (a) Aug 12 1940 (b) H. J. Reddick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Dec 18, 1937 to Aug 9, 1940  
that I last saw him alive on Aug 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Complete cessation of cardiac function  
Due to Generalized arterio-sclerosis  
Due to Chronic nephritis + hepatic cirrhosis  
Other conditions

Major findings: Of operations - 174  
Of autopsy -

Duration  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. E. Stevenson (Specify type of place) While at work? (e) Means of injury

Address 801 1/2 Francis, St. Joseph Date signed 8-10-40

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

11  
5  
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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*H. H. Kelly*

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

**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.**