

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30399
7676

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life. (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME ANNA B. SCHROEDER

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 Jan 11 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 8 0 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business At Home.

12. Name John Schroeder

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

14. Maiden name Elizabeth Mueller

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

16. (a) Informant Bertha Bagby

(b) Address 2828 Texas Ave.

17. (a) Burial (b) Date thereof Sept 14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. PETER & PAUL

18. (a) Signature of funeral director Thos. Kutz & Son

(b) Address 2906 Gravois Ave.

19. (a) SEP 13 1940 (b) J. J. Prudecke
(Signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis. 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2828 Texas Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1940 hour 8 50 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept 4, 1940, to Sept 11, 1940, that I last saw her alive on Sept 11, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus 2 months

Due to cardiac embolism 6 yrs.

Due to _____

Other conditions 9 H 11
(include pregnancy within 3 months of death)

Major findings: General Herind.
Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? none
(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) _____ (e) Means of injury _____

Signature W. J. Prudecke (M. D. or other) MD.
Address 2318 8th Date signed 9-12-40

Duration
Physician
Underline the cause to which death should be charged statistically.

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

FILED OCT 27 1940

3611 Utah Ave

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 _____

Leo Buddle

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Leo Buddle

Licensed Embalmer No. _____

3989

P. O. Address _____

St. Louis, 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.