

No. 2
-13-40
-17-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Je 57 w
43920
State File No.

REC'D JAN 8 1941
Registration District No.

Primary Registration District No. 115

Registrar's No. 2411

76
50
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St. Louis
(a) County: University City
(b) City or town: University City
(c) Name of hospital or institution: 6820 Delmar
(d) Length of stay: In hospital or institution.
In this community: 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: University City
(d) Street No.: 6820 Delmar
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: Dora Schroeder
(b) If veteran, name war: No
(c) Social Security No.: None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Dec. day: 21
year: 1940 hour: 3:20 minute: A.M.

4. Sex: Female
5. Color: Wh race: Wh
6. (a) Single, widowed, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: 1869 years

21. I hereby certify that I attended the deceased from Aug 25 1940 to Dec 21 1940
that I last saw her alive on Dec 20 1940
and that death occurred on the date and hour stated above.

7. Birth date of deceased: March 5 1869
(Month) (Day) (Year)

Immediate cause of death: Inanition
Due to: Gastrectomy
Duration: 40 days
20 yrs.

8. AGE: Years: 71 Months: 9 Days: 16
9. Birthplace: East St. Louis Illinois
(City, town, or county) (State or foreign country)

Due to: 1866
Other conditions: Thrombosis Popliteal 2 wks.
Fracture left hip 4 mos

10. Usual occupation:
11. Industry or business:
12. Name: Edward Schroeder
13. Birthplace: Germany
14. Maiden name: Marie Reinders
15. Birthplace: Germany

Major findings: Of operations:
Of autopsy:
PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Ross Henry
(b) Address: 418 N. 9th East St. Louis
17. (a) Burial (b) Date thereof: 12-23-40
(c) Place: burial or cremation: Calvary Cem.
18. (a) Signature of funeral director: Thomas J. Stewart
(b) Address: 1225 N. 1st St. St. Louis
19. (a) DEC 21 1940 (b) Registrar's signature: T. C. Meyer, M.D.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Acc
(b) Date of occurrence: At home
(c) Where did injury occur?: Home - City
(d) Did injury occur in or about home, on farm, in industrial place, in public place?: Home
While at work? No (Specify type of place)
(e) Means of injury: Fall
Signature: R. Russell (M. D. or other)
Address: Beaumont Bldg Date signed: 12/21/40

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.....

Bernard J. Straub

Licensed Embalmer No. *3500*

P. O. Address *1225 Union Blvd*

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.