

**1941 FEB 25 1941**

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 184

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:  
8412 Church Rd. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None  
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Christine Schroeder

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased December 1, 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>5</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER {

12. Name Charles Warmann

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

14. Maiden name Marie Gerling

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

16. (a) Informant William Schroeder

(b) Address 8412 Church Rd.

17. (a) Burial (b) Date thereof 1/9/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave St. Louis

19. (a) JAN 9 1941 (b) J. F. Bredt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 817  
(If outside city or town limits, write "RURAL")

(d) Street No. 8412 Church Rd. 9  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6<sup>th</sup>  
year 1941 hour 3:00 AM P M.

21. I hereby certify that I attended the deceased from Oct. 8 1940 to Jan 6 1941 -  
that I last saw her alive on Jan 5 1941 -  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema 2 days  
Chronic myocarditis Chronic endo-  
carditis - mitral insufficiency

Due to Hypertension  
Other conditions Chronic myocarditis Chronic endo-  
carditis - mitral insufficiency  
Hypertension

Major findings: Of operations 19

Of autopsy 19

PHYSICIAN 19  
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?

While at work? W. C. Krenning (Specify type of place) (e) Means of injury D

23. Signature W. C. Krenning (M. D. or other)

Address 6548 Harris St Date signed 1/7/41

**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 *William G. Buchholz*

Licensed Embalmer No. *2110 0*

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, fact should be so stated above.**