S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42930

Registration District No. 184 Primary Registration District No. 113 Registrar's No. 25

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Florissant (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Bottom Road 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Florissant (If outside city or town limits, write "RURAL") 0
(d) Street No. Missouri Bottom Road (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN G. SCHROEDER
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex M C
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ida Raedlein Schroeder
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Feb (Month) 16 (Day) 1870 (Year)

8. AGE: Years 71 Months 10 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Maryland Heights Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Fred Schroeder
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Ida Schroeder
(b) Address Florissant, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cem.
18. (a) Signature of funeral director Baumann Bros.
(b) Address 2504 Woodson Overland, Mo.
19. (a) JAN 5 1942 (Date received local registrar) (b) C. H. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3 year 1942 hour 6 minute 50 P. M.
21. I hereby certify that I attended the deceased from 12-19-41 ....., 19..., to 1-3- 1942 that I last saw him alive on 1-3- 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death LOBAR PNEUMONIA	2 days
Due to	
Due to	
Other conditions CHRONIC MYOCARDITIS (Include pregnancy within 3 months of death)	2 yrs.

108

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. J. Budke (M. D. or other)
Address 700 Clay N. Date signed 1/5/42

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.