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Y. 5-17-39
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19987

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1942 791

1003

Registration District No.

Primary Registration District No.

Registrar's No. 5670

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:
2525a N. 23rd. St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 50 years (Specify whether
years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 2525a North 23rd Str.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Schroeder.

3. (b) If veteran, name war No. 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 Fred 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 1st, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>29</u>	hr. min.

9. Birthplace Mascoutah, Illinois. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charles Laux
Germany

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

14. Maiden name Germany

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

16. (a) Informant Mr. Fred Schroeder,
(b) Address 2525a North 25th Street.

17. (a) Burial (b) Date thereof July 3rd, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner Und.Co.
(b) Address 2223 St. Louis Ave.,

19. (a) III-2 (b) J. J. Prudek
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30,
year 1942 hour 2 minute 0 P.M.

21. I hereby certify that I attended the deceased from June 25, 1942 to June 30, 1942
that I last saw her alive on June 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Rt. Hemiplegia

Due to.....

Due to.....

Other conditions Auricular Fibrillation
(Include pregnancy within 3 months of death)

Duration
1/4 hr
"
"
"
2 yrs

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....

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.....

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) (e) Means of injury.....

23. Signature Melvin Less (M. D. or other) MR
Address 3611 St. Louis Ave. Date signed 6-30-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

06
17
9

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 Homer L. Ponder

Licensed Embalmer No. 3067

P. O. Address 2223 St. Louis av

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.