. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 29175

Primary Registration District No.

Registrar's No. 7455

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: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 70 years (Specify whether years, months or days)

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. 4407 So. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

000
157
9
0

3. (a) PRINT FULL NAME Mrs. Alvina Schroeder

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife late Chas. Schroeder

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

7. Birth date of deceased Nov. (Month) 6th. (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	9	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Wilhelmina Bokamper
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Ralph Lammersing
(b) Address 4407a S. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

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

19. (a) SEP 6 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th. year 1942 hour 3:10 AM. minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture left femur
Arteriosclerosis
When deceased slipped
and fell to the floor in
her home June 20 1942

Due to Cerebral hemorrhage

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0
Funeral

Duration

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) Accident 000
(b) Date of occurrence 6/20/42
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home or farm, in industrial place, in public place? 2603 Elliot Ave St Louis (Specify type of place)
While at work? no (e) Means of injury Fall

23. Signature James J. Fitzimmons (M.D. or other)
Address 1300 Chouteau Ave Date signed 9/6/42

(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis a

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.