

FILED NOV 16 1942

State File No.

9205

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Infirmary.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution byrs, 10mo, 7days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME

John Schroeder.

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced... Single

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

7. Birth date of deceased November 20 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>14</u>	..... hr. .... min.

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

10. Usual occupation Barber

11. Industry or business.....

12. Name Lorenz Schroeder

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

14. Maiden name Margaret Strutz

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

16. (a) Informant Lennie Green

(b) Address 5800 Arsenal

17. (a) Removal (b) Date thereof 11/5/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mascoutah Ill

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) NOV 4 1942 (b) J. F. Medlock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, Missouri. 17  
(If outside city or town limits, write "RURAL") 9/3  
(d) Street No. City Infirmary  
(If rural, give location)  
(e) Citizen of foreign country? American. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd  
year 1942 hour 6:40 minute P. A. 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 Carcinoma of Caecum Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations as given above.

Of autopsy no 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 C. Maxwell (M. D. or other)

Address 5600 Arsenal St. Date signed 11-4-42

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

MOTHER FATHER

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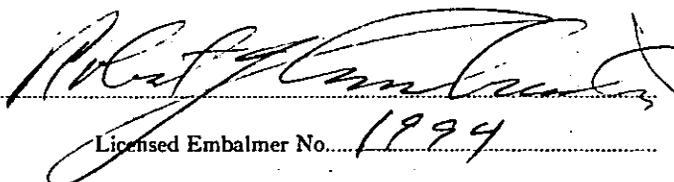
**STATEMENT BY LICENSED EMBALMER**

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.....

  
..... Licensed Embalmer No. 1994.....

P. O. Address.....

**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.**