V. S. No. 2
OM—9-4-41
ev. 5-17-39
PI XX9484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8773

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3066

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:
Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay Twp. 0 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. Schisler Rd. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Anna Susie Schroeder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife F. C. Schroeder

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 9 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
73	10	20	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Henry Wagner
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Barbara Kaiser
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant F. C. Schroeder
(b) Address Schisler Rd. Lemay Twp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Lucas Cemetery

18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) MAR 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 15, 1943 to March 29, 1943
that I last saw her alive on March 27, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Broncho	5 days
Due to Coronary Heart Disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	
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 J. Lewis Hutton (M. D. or other) M. D.
Address 3606 Gravois Date signed 3/30/43

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.