

FILED MAY 15 1943
Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town RURAL - ST. FERDINANT TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ROBERTSON/MO
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. CHARLES

(c) City or town RURAL - ROUTE 2
(If outside city or town limits, write "RURAL")

(d) Street No. ST. CHARLES TOWNSHIP
(If rural, give location)

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

3. (a) PRINT FULL NAME Wm Schroeder Jr

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY, day 5, year 1943 hour 11:45 minute 9 M.

21. I hereby certify that I attended the deceased from May - 2 1943 to May - 5 1943
that I last saw him alive on May 2 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VERONIA KAISER 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased MARCH 30 1895
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction
Duration from history 10 yrs.

Due to.....

Due to.....

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

8. AGE: Years 48 Months 1 Days 5 If less than one day 9 hr. min.

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

10. Usual occupation FARMER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 9x6

Of autopsy.....

MOTHER FATHER

11. Industry or business.....

12. Name WILLIAM SCHROEDER SR.

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

14. Maiden name AUGUSTA REMER

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

16. (a) Informant Mrs. Verona Kaiser Schroeder

(b) Address St. Charles Mo

17. (a) BURIAL (b) Date thereof MAY 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LUTHERAN CEMETERY
ST. CHARLES, MO

18. (a) Signature of funeral director H. C. ...

(b) Address 326 N. 6th St. St. Charles Mo

19. (a) MAY 7 - 1943 (b) C. H. Mc ...
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M, D. or other) [Signature]
Address 200 W. Main St Date signed 5/5/43

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

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.....

Arthur C. Bane

Licensed Embalmer No. *9155*

P. O. Address *St. Charles 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.