

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30365

State File No. _____
Registrar's No. **8256**

Registration District No. **1818** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3338 Texas Ave
(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 _____
(c) City or town **Saint Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3338 Texas Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Schroth,**
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 **Widowed**
6. (b) Name of husband or wife **Theodore Schroth,**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 22nd, 1877.**
(Month) (Day) (Year)
8. AGE: Years **66** Months **4** Days **23**
If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **15th,**
year **1943** hour **1** minute **15 P. M.**
21. I hereby certify that I attended the deceased from **Sept 14**
to **Sept 15**, 19 **43**
that I last saw _____ alive on **Sept 14**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **Arteriosclerosis**
Other conditions **none**
(Include pregnancy within 3 months of death)

9. Birthplace **Unknown Illinois.**
(City, town, or county) (State or foreign country)
10. Usual occupation **House-Wife.**
11. Industry or business _____
12. Name **Rudolph Brandle.**
13. Birthplace **Unknown Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
16. (a) Informant **Edward P. Schroth**
(b) Address **5704 Pernod Ave.**
17. (a) **Burial** (b) Date thereof **Sept. 18, 43.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Matthews Cemetery.**
18. (a) Signature of funeral director **Ziegenhain Bros**
6409 Gravois Ave.
(b) Address _____
19. (a) **SEP 16 1943** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____
Of autopsy _____
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) (c) Means of injury _____
23. Signature **Martin J. Kline** (M. D. or other) _____
Address **106 Olive St.** Date signed **9-16-43**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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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.....

W E Morris

Licensed Embalmer No. *3360*

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.