No. 2
9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20246

State File No. 5517

FILED JUN 23 1944

Registration District No. 8

Primary Registration District No. 1003

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:
Res: 5535 Cates Avenue.
(If not in hospital or institution, write street number or location)

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

In this community 1

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. 5535 Cates Avenue.
(If rural, give location)

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

If yes, name country 0

5000
17
9

3. (a) PRINT FULL NAME Charles Wm. Schroeder.

3. (b) If veteran, name war None.

3. (c) Social Security No. unknown

4. Sex Male. 0

5. Color or race White.

6. (a) Single, widowed, married, divorced Married. 1

6. (b) Name of husband or wife Lucille Schroeder.

6. (c) Age of husband or wife if alive 51. years

7. Birth date of deceased March (Month) 5, (Day) 1884. (Year)

8. AGE: — Years 60. Months 3. Days 12. If less than one day hr. min.

9. Birthplace Burlington, (City, town, or county) Iowa. (State or foreign country) 1

10. Usual occupation Dist Mngr., Californias

11. Industry or business Fruit Growers Exchange.

FATHER
12. Name August F. Schroeder.
13. Birthplace unknown (City, town, or county) Penn. (State or foreign country) 1

MOTHER
14. Maiden name Rohamia Miller.
15. Birthplace unknown (City, town, or county) Penn. (State or foreign country) 1

16. (a) Informant Mrs Lucille Schroeder.
(b) Address 5535 Cates Avenue,

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 6/19/44. (Month) (Day) (Year)
(c) Place: burial or cremation Burlington, Iowa.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.

19. (a) JUN 19 1944 (Date received local registrar) (b) J. Z. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th, year 1944. hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from Apr - 25 - 1944, to June - 17 1944 that I last saw him alive on June 17 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pancreatitis	4 mos.
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations Chronic Pancreatitis
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 Cleveland Smith (M. D. or other) M.D.
Address 228 - N - 20th St Date signed 6/17/44.

(Licensed Embalmer's Statement on Reverse Side) St Louis Mo

220 N. 4th, St.,
CH: 2345.,
Hrs.. 1:30 - 4:00 P. M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis Mo

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

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