

FILED JUL 30 1945

Registration District No. Primary Registration District No. 1003

Registrar's No. 6045

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

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:  
3825 Utah Place /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 91 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna 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, Widowed

6. (b) Name of husband or wife Rev. Henry W. Schroeder 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 26, 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 3 14 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Julius Schubarth

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

14. Maiden name Louise Au

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

16. (a) Informant Mrs. Theo. Schroeder

(b) Address 3806 Flora Place

17. (a) Burial (b) Date thereof July 12, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) JUL 12 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3825 Utah Place  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1945 hour 9: minute 00 A.M.

21. I hereby certify that I attended the deceased from May 1  
1945 to July 10, 1945;  
that I last saw him alive on July 10 45  
and that death occurred on the date and hour stated above.

Immediate cause of death Chs. Myocarditis Duration 1 1/2 yrs.

Due to Art. Pulmonis 10 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

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

23. Signature J. F. Bredek (M. D. or other) \_\_\_\_\_

Address 2116 P. Manual Date signed 7/10/45

Dr. L. Bock  
3115 S. Grand  
3-4

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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..... *Delis J. Krupin* .....

Licensed Embalmer No. *3497* .....

P. O. Address *1936 St. Louis* .....

**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.**