

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39765**
Registrar's No. **10986**

FILED DEC 28 1945
318

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis**
(c) Name of hospital or institution:
5012 Blair Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **None**
(Specify whether
In this community
years, months or days)

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..... **722 Carrie Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Pauline C. Schroeder**
3. (b) If veteran, name war..... **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife..... **Joseph Schroeder**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **March 31, 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 **8** **14** hr. min.

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

10. Usual occupation **At home**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Unknown**

13. Birthplace..... **Unknown** **Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown** **Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Henry J. Schroeder**

(b) Address..... **5012 Blair Ave**

17. (a) **Burial** (b) Date thereof..... **12/18/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Math Hermann & Son**

(b) Address..... **2161 East Fair Ave**

19. (a) **DEC 17 1945** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **15,**
year **1945** hour **1:30 AM** minute **47** **A** M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Thrombosis**
Due to.....
Due to..... **94 a**
Other conditions.....
(Include pregnancy within 3 months of death)

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?..... Means of injury..... **B.**
23. Signature..... **Catriel E. Taylor** (M.D. or other)
Address..... **1300 Clark** Date signed..... **12-17-45**

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 *William G. Burkholder*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, 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.