

S. No. 2
M-8-43
5-17-39
X3782

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29048

State File No.

Registrar's No. **6982**

FILED AUG 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(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: Missouri

(a) State _____ (b) County St. Louis Co. R.R. 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 427 Ripa Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME: Hazel Schroeder

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race White

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

6. (b) Name of husband or wife: Fred Schroeder

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

7. Birth date of deceased: Jan. 12 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

41 6 16 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business: Hurkle-Mizel Truck Co.

12. Name: Charles Shatzer

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

14. Maiden name: Florence Labus

15. Birthplace: Washington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Fred Schroeder

(b) Address: 427 W. Ripa Ave. Lemay

17. (a) Burial (b) Date thereof: 8/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Hope Cemetery

18. (a) Signature of funeral director: Southern Funeral Home

(b) Address: 6322 So. Grand Blvd.

19. (a) AUG 11 1946 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1946 hour 7 minute 03

21. I hereby certify that I attended the deceased from Aug 9 1946 to Aug 9 1946

that I last saw h. u. alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Cornary thrombosis

Due to: Intestinal regurgitation

Due to: Arteriosclerosis of the aorta

Due to: acute Rheumatic Fever

Other conditions: _____
(Include pregnancy within 3 months of death)

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) (e) Means of injury _____

23. Signature: May Standhoff (M. D. or other) MD

Address: 512 E. Over Rd Date signed: 8/17/46

Duration

1 h.

?

25 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

01 2050
T 5 12

in - 0.15 removed
with 11
new 11

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..... *J. Wm. Berkeley*
Licensed Embalmer No. *3653*
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.