

No. 2  
1-5-43  
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. **39065**  
Registrar's No. **9394**

**FILED NOV 12 1946**  
3/18

Registration District No. **318** Primary Registration District No. **1003**

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:  
**Stone Nursing Homr, 4373 W. Pine Blvd.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **13 days**  
(Specify whether  
In this community **?**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **loc**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6101 Lucille Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Henry Schroeder**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Karoline Schroeder** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 6, 1876**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** day **1st**  
year **1946** hour **1:15** minute **P.** M.  
21. I hereby certify that I attended the deceased from **11/9/46** to **11/11/46**  
that I last saw him **alive** on **10/31/46**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Ch. Myocardite**  
Duration **4 yrs**

8. AGE: Years **70** Months **4** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
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.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired Machinist**  
11. Industry or business **Steel**  
12. Name **Unknown**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Harry Schroeder**  
(b) Address **1807a S. Newstead Ave.**  
17. (a) **Burial** (b) Date thereof **Nov. 4, 1946.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hiram Cemetery**  
18. (a) Signature of funeral director **Calvin F. Feutz**  
(b) Address **4828 Natural Bridge Blvd.**  
19. (a) **11-3-46** (b) **J. F. Prudek**  
(Date received local registrar) (Registrar's signature)

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 **James Brown** M. D. or other \_\_\_\_\_  
Address **5329 Riverfront** Date signed **11/14/46**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

379 / 10-12 / [unclear]

---

---

**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 Ralph C. Linders  
Licensed Embalmer No. 4275  
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.**