

S. No. 2  
DOM-5-43  
Rev. 5-17-39  
TX3687

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42940

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 10432

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: ENROUTE CITY  
~~309 W Pine Street~~ HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis 96  
(c) City or town Pattonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Taplin Avenue (If rural, give location) NR  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Charles Schroeder  
3. (b) If veteran, name war None 3. (c) Social Security No. 329-05-2345  
4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Elizabeth S 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Aug. 24 1885 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 14 year 1946 hour 12 minute 30 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
61 3 10 hr. min.

Immediate cause of death: Coronary Occlusion  
Coronary Sclerosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
1 Of operations:  
Of autopsy:  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Washington Mo. 0 (City, town, or county) (State or foreign country)  
10. Usual occupation Carpenter  
11. Industry or business MacDonald Const Co.  
12. Name Henry Schroeder  
13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)  
14. Maiden name Laura Stendel  
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)  
16. (a) Informant Elizabeth Schroeder  
(b) Address Pattonville, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-46 (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Lebanon Cemetery  
18. (a) Signature of funeral director Blumstein Bros Inc  
(b) Address 2504-Woodson Rd-Overland, Mo  
19. (a) DEC 6 1946 (Date received local registration) J. F. Bredees (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) Means of injury 2  
23. Signature Alfred J. Brown (M. D. or other) 8  
Address Depue, Mo. Date signed 12/5/46

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

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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 Harold T. Brown

Licensed Embalmer No. 4337

P. O. Address Overland 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.**