

FILED MAR 24 1947 318

1003

Registrar's No. 2548

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:
4056 Juniata
(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)

3. (a) PRINT FULL NAME Amelia K. Schroeder

3. (b) If veteran, name war _____ 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife Julius 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 20th, 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 03 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Henry H. Myer

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

14. Maiden name Philippine Doerfler

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

16. (a) Informant Julius Schroeder

(b) Address 4056 Juniata, St. Louis, Mo.

17. (a) burial (b) Date thereof Mar. 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Wacker, Alderdice & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAR 11 1947 (b) J. F. Brebeck
(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. 4056 Juniata
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
 year 1947 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11 May 1946 to 8 Mar 1947
 that I last saw him alive on 8 Mar 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 yrs

Due to Bronchopneumonia 3 days

Due to Chr. Hypertension 10 yrs

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)
 Means of injury _____

23. Signature Richard H. Ray (M. D. or other) MD.
 Address 5730 Smith Street Date signed 10 Mar 47

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

MOTHER FATHER

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.....

Frank J. Offland

Licensed Embalmer No.....

2675

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.