No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34676

FILED OCT 30 1948 318

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 9025

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: Corner of Sidney & California 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 53 Years

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. 3825 Utah Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Esther C. Schroeder
3. (b) If veteran, name war —
3. (c) Social Security No. ____
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May 10th, 1884 (Month) (Day) (Year)
8. AGE: Years 64 Months 5 Days 7 If less than one day ____ hr. ____ min.
9. Birthplace St. Clair, Michigan (City, town, or county) (State or foreign country)
10. Usual occupation Supervisor
11. Industry or business Sponge Sales
FATHER 12. Name Rev. W. Schroeder
13. Birthplace Hanover, Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Schubarth
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Miss Clara Schroeder
(b) Address 3825 Utah Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director BEIDERWIEDEN F.H.INC.
(b) Address 1936 St. Louis Avenue
19. (a) OCT 19 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th, year 1948 hour 19:- minute 00 A. M.
21. I hereby certify that I attended the deceased from April 14, 1947, to October 17, 1948 that I last saw her alive on October 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chr. 93D	2 yrs
Coronary Thrombosis 94	
Due to Coronary Artery Disease 94	2 yrs
Due to	
Other conditions (include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause of 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? ____ (e) Means of injury ____
23. Signature [illegible] (M. D. or other) M.D.
Address 2838 So. Grand Blvd. Date signed 10/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) ELMER G. GRAUL

Dr. Elmer Graul,
2838 South Grand Blvd.,

1:00 - 3:00 P.M.

Monday 7:00 - 8:00

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 Max L. Wagner

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave.

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.