

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42947
State File No. 10579
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <i>Mo.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2114 Sidney St.</i>		d. STREET ADDRESS (If rural, give location) <i>25-2114 Sidney St.</i>	

3. NAME OF DECEASED a. (First) <i>Johanna</i> b. (Middle) <i>Augusta</i> c. (Last) <i>Schroeder</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 6 1949</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	
8. DATE OF BIRTH <i>Oct 17 1860</i>		9. AGE (In years last birthday) <i>89</i>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.G.</i>					

13a. FATHER'S NAME <i>Caspar Tilke meier</i>		13b. MOTHER'S MAIDEN NAME <i>Katherine Boekenkamp</i>		14. NAME OF HUSBAND OR WIFE <i>F.W. Schroeder</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Louise Schroeder 2114 Sidney St.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myo. CARDITIS (CHRONIC)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 yrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>fall</i>	

22. I hereby certify that I attended the deceased from *July 15, 1948*, to *DEC 6, 1949*, that I last saw the deceased alive on *DEC 5, 1949*, and that death occurred at *10:30* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Fred W. Rolling M.D.</i>		23b. ADDRESS <i>2125 Sidney St.</i>		23c. DATE SIGNED <i>12-7-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-9-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Marcus Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>					

DATE REC'D BY LOCAL REG. <i>DEC 9 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Witt Bros & Co. 2929 S. Jefferson</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

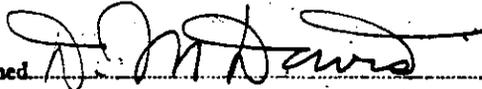
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3241

P. O. Address 2929 1st St. Panama

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.