

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26622

State File No. 783

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 783

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2249	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS (If rural, give location) 3737 Oregon		1	
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) —		
c. (Last) Schroeder			4. DATE OF DEATH (Month) (Day) (Year) Sept 2 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 28 1890 June 3, 1984	9. AGE (In years less birthday) 66 59	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Margarite Schroeder		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I			
16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records Springfield, Mo.			
18. ADDRESS		19. ADDRESS			

18. CAUSE OF DEATH (Specify only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, Far advanced bilateral.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		21. OTHER SIGNIFICANT CONDITIONS				202X	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1950, to Sept 2, 1950 and that death occurred at 4:45A m., from the causes and on the date stated above.							
23a. SIGNATURE OF PHYSICIAN P. L. EISELD MD		CHIEF OF (Degree or title) Professional Services		23b. ADDRESS VA Hospital Springfield, Mo.		23c. DATE SIGNED Sept 2, 1950	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 9/3/50		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 9-5-50		REGISTRAR'S SIGNATURE W E Handley MD		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer ADDRESS Springfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Walter C. Lambert*

Signed.....
Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
City of Missouri } SS.

State File No. 26622-50
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of September, 1950, before me appears Marguerite Schroeder, who, upon her oath, states that the original record of ~~XXX~~ death for Henry Schtoeder ^{died} ~~XXX~~ September 2nd, 1950, in the State of Missouri, and which was filed at Springfield Missouri 9/2, 1950 should be corrected as follows:

Item No. 8 should read October 28th. 1890

Instead of June 3rd 1884

Item No. 9 should read 59 years

Instead of 66 Years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Marguerite Schroeder
Wife of deceased Relationship.
3737 Ohio Ave St. Louis 18 No.
Present Address.

Subscribed and sworn to before me this 12 day of Sept, 1950

My Commission expires Oct 27. 1950 Henry P. Heidemann Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

SEP 15 1954