

STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1950

State File No. 17075

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		4544			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp.				d. STREET ADDRESS (If rural, give location) 7412 Maple ave.					
3. NAME OF DECEASED (Type or Print)		a. (First) Jacob		b. (Middle) P.		c. (Last) Schroeder			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-2-1880			
9. AGE (in years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Edna Schroeder-deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-07-9934		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Grace E. Halker, 7412 Maple ave. Maplewood, Mo.					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema Cor Pulmonale DUE TO (c) Chronic Pyelonephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 years 2 years 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21. HOW DID INJURY OCCUR? 527.1			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from hour 19 49 to Aug. 18, 19 50, that I last saw the deceased alive on Aug. 17, 19 50, and that death occurred at 12:45 AM, from the causes and on the date stated above.					
23a. SIGNATURE Eugene V. Houschel, M.D.		23b. ADDRESS 6200 Hoffman Ave.		23c. DATE SIGNED 8/21/50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug-21-1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. AUG 21 1950		REGISTRAR'S SIGNATURE J.B. Basseter		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Jay B. Smith, 7456 Manchester Maplewood, Mo.					

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Allen Davis Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4253*

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.