

FILED *JUL 18 1951*

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24151**

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3052		Registrar's No. 1821		
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles				
b. CITY (If outside corporate limits, write RURAL and give town or township) St Charles		c. LENGTH OF STAY (in this place) 12 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St Charles		0923		
d. FULL NAME OF HOSPITAL OR INSTITUTION 804 Harvester Road				d. STREET ADDRESS (If rural, give location) 804 Harvester Road				
3. NAME OF DECEASED (Type or Print) August		a. (First)		b. (Middle) Schroeder		c. (Last)		
4. DATE OF DEATH July 2 1951				(Month) (Day) (Year)				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 12 1871		
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 27 Days 21		IF UNDER 2 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (State or foreign country) St Louis County Mo.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME William Schroeder		13b. MOTHER'S MAIDEN NAME Sophia Keppernuss		14. NAME OF HUSBAND OR WIFE Anna Beckstiegel Schroeder	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Schroeder 804 Harvester Rd.				
18. CAUSE OF DEATH Enter 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Gen. Arterio Sclerosis. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH 2 yrs 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200					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)				
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?				
22. I hereby certify that I attended the deceased from 9/11 , 1878 , to 7/2 , 1951 , that I last saw the deceased alive on 6/20 , 1951 , and that death occurred at 12:00 p.m., from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS 126 So Main St. St. Charles, Mo.		23c. DATE SIGNED 7/7/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 4 1951		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.		
DATE REC'D BY LOCAL REG. 7/7/51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS St Charles Mo.		

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 14 1951

RECEIVED

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 Arthur C. Bane

Licensed Embalmer No. 315-1

P. O. Address St Charles 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.