

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10564**  
**2832**  
Registrar's No. \_\_\_\_\_

FILED APR 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis, Missouri</b>   |                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> <b>2259</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Louis City Hospital #1</b>   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>225 819 1/2 Market Street</b>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>GEORGE</b><br>b. (Middle)<br>c. (Last) <b>SCHROEDER</b>  |                                  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>MARCH 12, 1952</b>  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | 8. DATE OF BIRTH<br><b>Nov. 7, 1867</b> |
| 9. AGE (In years last birthday)<br><b>84</b>   |                                  | IF UNDER 1 YEAR<br>Months  | IF UNDER 12 HRS.<br>Hours               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>OAA</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>--</b>   |   |
| 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |   |
| 13a. FATHER'S NAME<br><b>William</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Unknown</b>  |                                  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Unknown</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Hospital Record</b>  |                                  | ADDRESS  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                   |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) <b>Arteriosclerotic nephrosclerosis</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS—<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION   |                                  | 20. AUTOPSY?<br>YES <input 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)  |                                  |  |   |
| 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<br><b>H&amp;B X</b>  |                                  |  |   |
| 22. I hereby certify that I attended the deceased from <b>3-4-52</b> , 19___, to <b>3-12-52</b> , 19___, that I last saw the deceased alive on <b>3-12-52</b> , 19___, and that death occurred at <b>3:25P</b> m., from the causes and on the date stated above. |                                  |  |   |
| 23a. SIGNATURE<br><b>F. J. Catanzaro</b>   |                                  | 23b. ADDRESS<br><b>1515 Lafayette Avenue</b>   |   |
| 23c. DATE SIGNED<br><b>3-13-52</b>   |                                  |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 24b. DATE<br><b>3-31-52</b>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Anatomical Board</b>  |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>   |   |
| DATE REC'D BY LOCAL REG.<br><b>MAR 26 1952</b>   |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Rowland - 4104 Manchester</b>   |   |
| REGISTRAR'S SIGNATURE<br><b>J. C. Smith</b>  |                                  | ADDRESS<br><b>Rowland - 4104 Manchester</b>  |   |

