

FILED JUN 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18977

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1336

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—4 units

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay	c. LENGTH OF STAY (In this place) 10 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lemay Nursing Home		d. STREET ADDRESS (If rural, give location) 3324a California	

3. NAME OF DECEASED (Type or Print) a. (First) Lottie	b. (Middle) C.	c. (Last) Schroeder	4. DATE OF DEATH (Month) (Day) (Year) 5/21/52
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Mar. 28, 1872	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Germany 4	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Rall	13b. MOTHER'S MAIDEN NAME Christina Kuhn	14. NAME OF HUSBAND OR WIFE Fred
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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. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred W. Schroeder-3324a California
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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		INTERVAL BETWEEN ONSET AND DEATH Yes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Mal. Hypertensio</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"/>
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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 *April 19, 1952* to *May 17, 1952*, that I last saw the deceased alive on *May 11, 1952*, and that death occurred at *2:45 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H. S. Byrne M.D.</i>	23b. ADDRESS <i>2752 Cherokee</i>	23c. DATE SIGNED <i>5-22-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5/24/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>
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DATE REC'D BY LOCAL REG. <i>5-22-52</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Domke</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wacker - Welderle 3634 Gravois</i>
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S.W. Licensed Embalmer's Statement on Reverse Side

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

Robert Wheeler

Licensed Embalmer No. 2128

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.