

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3738**
Registrar's No. **0303**

FILED JAN 28 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2179	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3156 GEYER AV.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONYS			
3. NAME OF DECEASED (First) Sophia		b. (Middle) C.	
(Type or Print)		c. (Last) SCHROEDER	
4. DATE OF DEATH (Month) (Day) (Year) JAN-11-53			
5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Nov 22-1886
9. AGE (In years last birthday) 66 YRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph GLASER		13b. MOTHER'S MAIDEN NAME CATHERINE BRAUN	
14. NAME OF HUSBAND OR WIFE WILLIAM H. Schroeder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME William H. Schroeder	
		ADDRESS 3156 Geyer Av.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIO SCLEROTIC HEART DISEASE WITH DECOMPENSATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 YRS.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) ARTERIO SCLEROSIS		UNK.
DUE TO (c)		11. 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"/>

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? 4200	

22. I hereby certify that I attended the deceased from **2-22-1952**, to **1-10-1953**, that I last saw the deceased alive on **1-10-1953**, and that death occurred at **5:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Henry Glasper M.D.		(Degree or title)		23b. ADDRESS 818 Olive St	
23c. DATE SIGNED 12 Jan 53					
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE JAN 14 1953		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmier		ADDRESS 3125 Lafayette Ave	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JAN 12 1953		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmier		ADDRESS 3125 Lafayette Ave	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Joseph B. Wallmer
Licensed Embalmer No. *5314*
P. O. Address *3195 Lafayette*

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.