

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19877

State File No.

FILED JUN 1 - 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 4914

1. PLACE OF DEATH a. COUNTY		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 St. Louis,		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis,
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Altenheim		STREET ADDRESS (If rural, give location) 2089 8721 Halls Ferry Road	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) c. (Last) SCHROEDER		4. DATE OF DEATH (Month) (Day) (Year) May 14 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec-30-1872
9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months	10. IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resident		10b. KIND OF BUSINESS OR INDUSTRY Lutheran Altenheim	
11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Schroeder		13b. MOTHER'S MAIDEN NAME Minnie (Unknown)	
14. NAME OF HUSBAND OR WIFE Single			
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 Walter Meyer		ADDRESS 8721 Halls Ferry Road	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized atherosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>15 yrs</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Hypertension</i> <i>12 yrs</i> 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 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?		592X	
22. I hereby certify that I attended the deceased from <i>1942</i> , 19___, to <i>1953</i> , 19___, that I last saw the deceased alive on <i>July 8, 1953</i> and that death occurred at <i>1:00 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J. R. Morrow</i>		23b. ADDRESS <i>8209 N Broadway</i>	
23c. DATE SIGNED <i>May 14-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May-16-1953	
24c. NAME OF CEMETERY OR CREMATORY Concordia		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAY 15 1953		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Carl Smith</i> ADDRESS Beiderwieden F.H. Inc 1936 St. Louis 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.....
Signature of Student Embalmer

Signed..... *Max L. Warfel*

Licensed Embalmer No. *4170*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.