

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20356

State File No.

FILED MAY 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1275</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri's</u> b. COUNTY <u>St. Louis Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vinita Park</u>		c. LENGTH OF STAY (In this place) <u>Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vinita Park 4270</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8312 Monroe Ave.,</u>				d. STREET ADDRESS (If rural, give location) <u>8312 Monroe Ave.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>SCHROEDER.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 4, 1953.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 10, 1876.</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waveley, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>Jerry Cronin.</u>		13b. MOTHER'S MAIDEN NAME <u>Zelina Brula</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. J. Schroeder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. J. Schroeder 8312 Monroe Ave.,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>4-28-53</u> , 19____, and that death occurred at <u>2:30 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Geo. Schumacher M.D.</u>				23b. ADDRESS <u>4991 Thrush</u>		23c. DATE SIGNED <u>May 5, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-6-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb-M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiament Ave.,</u>			

P.T. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. C.W. Schumacher,
4991 Thrush Ave.,
Go. 3100. 1--4 P.M.

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

John J. Haine

Licensed Embalmer No. *4108*

P. O. Address *J. Haine M.C.*

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.