

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22683**

FILED JUL 13 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington Rural St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) 8824 St. Charles Rock Rd.	
3. NAME OF DECEASED a. (First) BERNARD		b. (Middle) J.	
c. (Last) SCHROEDER		4. DATE OF DEATH (Month) (Day) (Year) June 18, 1953	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Feb. 20, 1902	
9. AGE (In years last birthday) 51		10. IF UNDER 1 YEAR (Month) (Day) (Hours) (Min.) 3 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist, Commercial and general		10b. KIND OF BUSINESS OR INDUSTRY and general	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman F. Schroeder		13b. MOTHER'S MAIDEN NAME Alice C. Langenkamp	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo.	
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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
DUE TO (c) Chronic encephalitis - duration unknown.		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: 331X	
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) (Min.)		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 June 18, 1953 , to June 18, 1953 , that I last saw the deceased alive on June 18, 1953 , and that death occurred at 7:35 P.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) J. P. Brennan, M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.	
23c. DATE SIGNED 6-19-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 22, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE 287 9226 Lackland, Overland, Mo.	
25a. ADDRESS		25b. ADDRESS	
DATE REC'D BY LOCAL REG. JUNE 19 1953		REGISTRAR'S SIGNATURE Ether Rudloff	

(Licensed Embalmers' Statement on Reverse Side)

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

0940
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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 _____

C. A. Cozian
Licensed Embalmer No. 4084

P. O. Address Farrington Nc

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.