

FILED OCT 26 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35940

State File No.

8654

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				e. STREET ADDRESS (If rural, give location) 15 3239 Liberty St.		215/0				
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) ----		c. (Last) Schroeder		4. DATE OF DEATH (Month) (Day) (Year) September 20, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 18, 1896		9. AGE (In years) (Last birthday) 57		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME George Schroeder			13b. MOTHER'S MAIDEN NAME Caroline Labett			14. NAME OF HUSBAND OR WIFE Catherine A.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Catherine A. Schroeder					ADDRESS 3239 Liberty St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of skull; Subdural Hematoma ANTECEDENT CAUSES suffered when deceased fell from ladder while repairing porch at 2627 Fresh St. DUE TO Accident II. OTHER SIGNIFICANT CONDITION around 305 pm Sept 20 1954 Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21f. HOW DID INJURY OCCUR? ced E9010				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 20 54 3:05		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>500 p.m.</u> , from the causes and on the date stated above. 21						
23a. SIGNATURE (Degree or title) Patrick C. Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9.22.54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 23, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard		24d. LOCATION (City, town, or county) (State) 7600 Rock Hill Road St. L. Co. Mo.				
DATE REC'D BY LOCAL REG. SEP 22 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS U. & L. Co. 7814 S. Broadway				

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.....
Louis C. Hoffmann

Licensed Embalmer No. 387

P. O. Address 7814 81

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.