

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 MISSOURI b. COUNTY 2019	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (in this place)	
c. CITY OR TOWN ST. LOUIS		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4130 WILMINGTON		e. STREET ADDRESS (If rural, give location) 4130 WILMINGTON	

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) SCHROEER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) DEC. 20 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH APRIL 6 1882		9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME HENRY KEMPER	
13b. MOTHER'S MAIDEN NAME MARY SORGENFREI		14. NAME OF HUSBAND OR WIFE JOSEPH SCHROEER (DEC)		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. NONE		17. INFORMANT'S SIGNATURE OR NAME HARRY SCHROEER		18. ADDRESS LEMAY 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerotic Heart Disease & Hypertension DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs. 5 yrs.	
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 **Jan 1950**, to **Dec 20, 1954**, that I last saw the deceased alive on **Dec. 20, 1954** and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.		23b. ADDRESS 421 W. Schurmer		23c. DATE SIGNED 12-22-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC. 23 1954		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Curtis	
DEC 24 1954		ADDRESS 2906 Lewis			

(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 *Thomas C. Hill*
434

Licensed Embalmer No.

P. O. Address *2906 Jan*

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.