

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32316**

FILED NOV 7 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1157

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 40 yrs.		e. STREET ADDRESS (If rural, give location) Century Apt's 25th & Union Stre	
d. FULL NAME OF HOSPITAL OR INSTITUTION 108 Century Apt's.			

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) John	c. (Last) Schroeder	4. DATE OF DEATH (Month) (Day) (Year) October 28, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 7, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Vice-Pres	10b. KIND OF BUSINESS OR INDUSTRY Tablet Mfg Co.	11. BIRTHPLACE (City and State or Foreign Country) Fowler, Illinois.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lewis W. Schroeder	13b. MOTHER'S MAIDEN NAME Margaret Duright	14. NAME OF HUSBAND OR WIFE Henrietta Schroeder
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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. 491-09-2549	17. INFORMANT'S SIGNATURE OR NAME Mrs. Henrietta Schroeder	ADDRESS St. Joseph, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH approx 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease, decreasing		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) and arteriosclerosis DUE TO (c) 4200		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. D. Old pulmonary embolism, and old		b. Buchanan Mo.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June, 1955, to October 28, 1955, that I last saw the deceased alive on October 27, 1955, and that death occurred at 4:25 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William H Ames, M.D.	23b. ADDRESS 902 Edmund St, St Joseph Mo	23c. DATE SIGNED Oct 31, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE Oct. 31, 1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Nov 1, 1955	REGISTRAR'S SIGNATURE Boethel M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Lee Mueckhoff - Sleeman	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

no. 300
0.48

