

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

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles		c. LENGTH OF STAY (In this place) 26 days		c. CITY OR TOWN Saint Charles		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 Saint Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 1226 No. 3rd. St. 092-3			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) C.		c. (Last) Schroeder		4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 12, 1884	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 3 Days 17		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Daube		13b. MOTHER'S MAIDEN NAME Mary Dallmeyer		14. NAME OF HUSBAND OR WIFE Henry A. Schroeder			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Schroeder, St. Charles, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemiparesis DUE TO (c) Arteriosclerosis, generalized II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Vagina Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 1 week 17 days Unknown	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331XH			
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?			
22. I hereby certify that I attended the deceased from December 28, 1955, to Jan. 29, 1956 , that I last saw the deceased alive on Jan. 29, 1956 , and that death occurred at 12:45 pm. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Don Z. Randall M.D.				23b. ADDRESS 207 N. 5th St. Charles, Mo.		23c. DATE SIGNED Jan. 30, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 31, 1956		24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	
DATE REC'D BY LOCAL Jan. 30-1956		REGISTRAR'S SIGNATURE Fannie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE J.C. Dallmeyer		ADDRESS St. Charles, Mo.	

MAR 12 1957

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.....
Frank R. Amalson

Licensed Embalmer No. *48*

P. O. Address. *St. Charles*

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.