

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39786

State File No. ....

Registrator's No. **9255**

FILED NOV 26 1956

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrator's No. <b>9255</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Normandy</b>		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 <b>Deaconess Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>7208 Henderson Drive</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>			b. (Middle) <b>P.</b>		c. (Last) <b>SCHROEDER.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 9, 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 17, 1893</b>		9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>D.D.S. Dentist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dentist</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Phillip Schroeder.</b>			13b. MOTHER'S MAIDEN NAME <b>Pauline Beyert.</b>		14. NAME OF HUSBAND OR WIFE <b>Esther Oonk Schroeder.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Esther Schroeder; 7208 Henderson Dr.</b>			
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: <b>Gastric Nephron Nephrosis</b> <b>hypertensive heart failure</b> DUE TO (b) <b>coronary sclerosis</b> <b>arterial sclerosis</b> DUE TO (a) <b>small intestinal obstruction</b> due to adhesions II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>0</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>420.1</b>			
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 <b>10/2</b> , 19 <b>56</b> , to <b>10/9</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>10/9</b> , 19 <b>56</b> , and that death occurred at <b>6:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Ray Simpson M.D.</b> (Degree of M.D.)				23b. ADDRESS <b>634 N Grand St. Louis</b>		23c. DATE SIGNED <b>10/10/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>10/11/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		
DATE REC'D BY LOCAL REG. <b>OCT 10 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 8 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 *Clarence H. Murray*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.