

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24086

STATE FILE NUMBER

FILED JUL 29 1957

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Washington 036</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hosp.</i>			Length of stay in lb <i>75 yrs</i>		d. STREET ADDRESS <i>Hausmann Sub Div</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Edwin L. Schroeder</i>				4. DATE OF DEATH Month <i>July</i> Day <i>23</i> Year <i>1957</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <i>April 27, 1893</i>		
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <i>64</i>		10. UNDER 1 YEAR Months <i>7</i> Days <i>26</i> Hours <i></i> Min. <i></i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pharmacist</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Owner Drugstore</i>		11. BIRTHPLACE (City and state or country) <i>New Haven, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Adam Schroeder</i>				14. MOTHER'S MAIDEN NAME <i>Minnie Boehmer</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>Yes. W.W. I</i>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mrs. Florence Schroeder, Washington, Mo.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion and myocardial Insufficiency</i>							INTERVAL BETWEEN ONSET AND DEATH <i>10 min.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Atherosclerotic Heart Disease</i>					15 years.	
		DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Duodenal Ulcer and pyloric obstruction</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <i>September, 1956 to July 23, 1957</i> and last saw him <i>him</i> alive on <i>July 23</i> Death occurred at <i>9:25 P. m</i> on the date stated above; and to the best of my knowledge from the causes stated.								
22a. SIGNATURE (Degree or title) <i>John B. Ryan, M.D.</i>				22b. ADDRESS <i>Washington, Mo.</i>		22c. DATE SIGNED <i>7-24-57</i>		
23a. BURIAL OR CREMATION Removal (Specify)		23b. DATE <i>July 26, 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>E & R Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>New Haven Missouri</i>		
24. FUNERAL DIRECTOR <i>Heberg & Dittus, Washington, Mo.</i>			25. DATE FILED BY LOCAL REG. <i>7/25/57</i>		26. REGISTRAR'S SIGNATURE <i>J.P. Schumann</i>			

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 6 59 AM 1959

FEB 7 1959

APR 2 1959

OCT 12 5 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..... Lester A. Vitt

Licensed Embalmer No. 325

P. O. Address Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.