MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-031439
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 2197

FILED AUG 28 1961

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jennings
Length of stay in 1b: 1 month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: High Tower Nursing Home
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Saint Louis
c. CITY OR TOWN: Jennings
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 8737 College Ave.
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Mary Middle: J. Last: Schroeder
4. DATE OF DEATH: Month: August Day: 12 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/16/71
9. AGE (last birthday): 89 years
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own HOme
11. BIRTHPLACE (City and state or country): Breese, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Schaffner
13b. MOTHER'S MAIDEN NAME: Marie Andreas
14. NAME OF HUSBAND OR WIFE: Late Herman E.Schroeder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Address: Mrs.Emily Helmkamp, 8737 College Ave. 36

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease — unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 13, 1961 to Aug 12, 1961 and last saw her/him alive on 8/11/61
Death occurred at 3:56 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lewis Lillmann MD
22b. ADDRESS: 8231 Clayton Rd
22c. DATE SIGNED: 8/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/15/61
23c. NAME OF CEMETERY OR CREMATORY: Saint Johns Cemetery
23d. LOCATION (City, town, or county) (State): Saint Louis County, Missouri.

24. FUNERAL DIRECTOR: CALVIN F.FEUTZ, ADDRESS: 4828 NATURAL BRIDGE BLVD.
25. DATE RECD. BY LOCAL REG.: 8-14-61
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

File in county

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.