

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3222-61-043217
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. _____

FILED NOV 30 1961

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY Jefferson,	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton,		c. CITY OR TOWN Arnold,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital,		d. STREET ADDRESS (If outside, give location) Rt 2. Box 167-L	

3. NAME OF DECEASED (Type or print) First Steven Middle Michael Last Schroeder	4. DATE OF DEATH Month November Day 13, Year 1961
--	---

5. SEX Male.	6. COLOR OR RACE White,	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/29/1957	9. AGE (last birthday) 4	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) Child	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) St. Louis, Missouri,	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	---	--	---

13a. FATHER'S NAME Eugene J. Schroeder,	13b. MOTHER'S MAIDEN NAME Dorothy A. Werkmeister,	14. NAME OF HUSBAND OR WIFE _____
--	--	-----------------------------------

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 Eugene J. Schroeder, Route 2, Box 167-L, Arnold, Mo.
--	-------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic head injury		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Passenger -- 2 car collision
--	--	--

20c. TIME OF INJURY Hour 9:40 a.m. XX Month, Day, Year 11/13/61

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public road	20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Missouri STATE Missouri
---	---	--

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **10:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Royce L. Harv</i> (Degree or title) Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 11/20/61
--	----------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 11/16/61	23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception Cem.	23d. LOCATION (City, town, or county) (State) Arnold, Missouri,
---	---------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.	25. DATE RECD. BY LOCAL REG. 11-14-61	26. REGISTRAR'S SIGNATURE <i>John C. Murphy, Jr.</i>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDED

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 ME, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.,
P. O. Address St. Louis, 18, 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.