

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

✓ 17574

**1. PLACE OF DEATH**

County, Buchanan Registration District No. 85  
 Township, St Joseph Primary Registration District No. 1001  
 City, St Joseph (No. 1001 Mich Hood) St. 611 Ward

**2. FULL NAME**

Herrman Albert Schroeder  
 (a) Residence, No. 908 So 26 St.,          Ward,           
 (Usual place of abode)  
 Length of residence in city or town where death occurred 11 yrs.          mos.          ds. How long in U.S., if of foreign birth? yrs.          mos.          ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. W MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathryn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 - 1862

7. AGE YEARS 65 MONTHS 5 DAYS 14 If LESS than 1 day,          hrs. or          min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Jailer  
 (b) General nature of industry, business, or establishment in which employed (or employee)           
 (c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

10. NAME OF FATHER August Schroeder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Robert Downer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Thos J. Watson  
 (Address) St Joseph City Mo

15. FILED John J. Watson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1927

17. I HEREBY CERTIFY, That I attended deceased from June 7 1927, to June 9 1927 that I last saw him alive on June 9 1927, and that death occurred, on the date stated above, at 6:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Stomach  
44 W  
 (duration)          yrs.          mos.          ds.  
 CONTRIBUTORY Starvation  
 (SECONDARY) (duration)          yrs.          mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH,         

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 9, 27  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation  
 (Signed) H. G. Thompson M. D.  
6/10, 1927 (Address) 825 Charles St. St Joseph

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cem DATE OF BURIAL 6/11 1927

20. UNDERTAKER J. L. Buckley ADDRESS 216 29 10th

N. B.—Every item of information supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**THIS IS A PERMANENT RECORD**

JUL 25 1927

BINDING

JUL 10 1927

State of New York

County of ...

...

...

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
Township St. Joseph Primary Registration District No. 1001 Registered No. 611  
City St. Joseph (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

German Albert Schneider  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 5 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

14.

INFORMANT (Address) \_\_\_\_\_

15.

FILED 6/10/27 John G. 215 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1927  
17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

WRITE PLAINLY WITH OR WITHOUT A PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE SIGNIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-17574