

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

Do not use this space.

38443

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **2723 Russell**)

File No.
Registered No. **11114**
St. Ward)

2. FULL NAME

Paul F. G. Schroeder

(a) Residence. No. **2723 Russell Bl., 23** 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | **white** | **widower**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May-12-1843**

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.

84 | **6** | **29** | **=**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Retired**
(b) General nature of industry, business, or establishment in which employed (or employer) **Contractor (Plaster)**
(c) Name of employer

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

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **II**

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

14. INFORMANT **John H. Schroeder**
(Address) **2723 Russell Bl.**

15. FILED **DEC 12 1927** **Mar G. Stavoff**
REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec -11- 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 11** **1927** to **Dec 11** **1927**
that I last saw him alive on **Dec 10** **1927**, and that death occurred, on the date stated above, at **28** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic
Interstitial nephritis
131 (duration) **4** yrs. **6** mos. **—** ds.

CONTRIBUTORY (SECONDARY) **1/29/27** (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH. **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Cholesterol crystals**
(Signed) **(M. G. Stavoff, M. D.)**

12/12/27, 1927 (Address) **506 Olive**

*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

Bellefontaine Cem **12-14-1927**

20. UNDERTAKER ADDRESS

Petty Bros **3029 Lafayette**

THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully 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.

11 a.m. - 3 p.m.
Bureau - Below

