

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

Do not use this space.

4629

1. PLACE OF DEATH

County..... Registration District No. 491
 Township..... Primary Registration District No. 10, 13
 City..... (No. 3825 Vest Ave.)

File No.....
 Registered No. 1313
 St. Ward)

2. FULL NAME Mary Schroeder

(a) Residence. No. St. 20 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 Female. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	66	7	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
 (STATE OR COUNTRY) St. Louis, Mo

PARENTS	10. NAME OF FATHER <u>Dont Know.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Katherine Niemyer</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Germany.</u>

14. INFORMANT Jacob N Schroeder
 (Address) 3825 Vest Ave.

15. FILED 21 1929
Max J. Stork REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1929, to Jan 25, 1929, that I last saw h. alive on Jan 25, 1929, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Atherosclerosis
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis Pneumonia
 (duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED Place of death
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Visual inspection
 (Signed) William T. Harris, M. D.

1/26, 1929 (Address) 3800 N Grand

*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 S. B. Peter & Paul. DATE OF BURIAL Jan 26 1929

20. UNDERTAKER Bensick-Nichols ADDRESS 1138 N 6

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.

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Dr. H. H. H. H.
5507 Grand