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

Do not use this space.

40264

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township Washington — Primary Registration District No. 3616 — Registered No. 116

City Washington (No. ..... St. ..... Ward)

2. FULL NAME John M Schroeder

(a) Residence. No. 416 West 3rd Str 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	0	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Frank Schroeder

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

12. MAIDEN NAME OF MOTHER Elizabeth Husterman

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

14. INFORMANT Mrs Mary M Schroeder
(Address) 416 West 3rd Str

15. FILED Dec 26, 1929 O. L. Mrnnch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1929, to Dec. 21, 1929, that I last saw him alive on Dec. 20, 1929, and that death occurred, on the date stated above, at 12:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy 82A
34

[illegible] (duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (SECONDARY) Malarial fever

..... (duration) yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No test

(Signed) J. D. Marquis, M. D.

Dec. 25, 1929 (Address) Washington Mo

*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
Catholic Cemetery Dec 26th	19

20. UNDERTAKER	ADDRESS
Otto & Co by Geo H Otto	Washington Mo