

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

Do not use this space.

9948

APR 30 1930

**1. PLACE OF DEATH**

County St Charles

Registration District No. 757

Township St Charles

Primary Registration District No. 3036

City St Charles (No. 509, South Third)

File No. \_\_\_\_\_

Registered No. 40

St. \_\_\_\_\_ Ward)

**2. FULL NAME** Anton Schroeder

(a) Residence. No. 509 S Third 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**

Male

**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**

Caroline Thyen

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Nov 18-1854

**7. AGE**

YEARS 75

MONTHS 3

DAYS 18

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

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

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 yrs.

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**10. NAME OF FATHER**

No History

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) No History

**12. MAIDEN NAME OF MOTHER**

No History

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) No History

**14.**

INFORMANT Rose Schroeder

(Address) 509 S 3rd

**15.**

FILED 9/8 19 30 By S. Blabauer  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**15. DATE OF DEATH (MONTH, DAY AND YEAR)** Mar. 6 1930

**17. I HEREBY CERTIFY, That I attended deceased from**

Mar. 1, 1930, to March 6, 1930

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Pericardial Apoplexy

82 H

92 D (duration) yrs. mos. ds. 1

**CONTRIBUTORY (SECONDARY)** Paralysis

(duration) 5 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) Dr. J. J. ... M. D.

. 19 (Address) St Charles, 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**

St Peter's Cemetery

Mar. 10 1930

**20. UNDERTAKER**

**ADDRESS**

W Hallenmeyr + Sons Co

800 22nd St.

WRITE PLAINLY, WITH UNFADING INK---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.

