

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

Do not use this space.

7166

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008B
 City Winn (No. 2041 Victor St. 223 Ward)

File No.
 Registered No. 1467

2. FULL NAME

Katie Schroeder

(a) Residence. No. 2041 Victor St., 223 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Schroeder</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 16 - 1857</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>5</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Frankfort
 (STATE OR COUNTRY) Germany

PARENTS	10. NAME OF FATHER <u>Anton Heinrich</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Antonine Stein</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Harry J. Schroeder
 (Address) 2041 Victor St

15. FILED 5 1931 May E. Stankler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 - 1931
 17. I HEREBY CERTIFY, That I attended deceased from April 8, 1930 to Feb 4, 1931 that I last saw h. or alive on Feb 4, 1931, and that death occurred, on the date stated above, at 12 or 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Brights
(Chronic nephritis)

CONTRIBUTORY Acute Bronchitis non
Tubercular (duration) 2 yrs. mos. ds.
3 mos. 106 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH FL death

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Biochem. chem. phy.
 (Signed) W. S. Garrison, D. M. D.

Feb 5, 1931 (Address) 3258 Lafayette

*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 New St Marcus DATE OF BURIAL 7 1931

UNDERTAKER W. J. Murrell ADDRESS 6703 Travis

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. FILED WITH ON-PADING INK—THIS IS A PERMANENT RECORD 3288

