

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

Do not use this space.

8213

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
1003
Primary Registration District No. 3730 Blair Ave

File No.
Registered No. 2602
St. Ward)

2. FULL NAME

Charles A. Schrodi

(a) Residence. No. 3730 Blair St. 26 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-30-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor 2 1/2
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer C & A RR. Co.

9. BIRTHPLACE (CITY OR TOWN) Chester
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Charles Schrodi
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Oliver Schrodi
(Address) 3730 Blair Ave

15. FILED..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 15 1931, to Feb 25 1931, and that I last saw him alive on Feb 22 1931, and that death occurred, on the date stated above, at 20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 2A
Pulmonary Tuberculosis
unable to say (duration) yrs. mos. ds.
CONTRIBUTORY Valvular heart disease (SECONDARY) unable to say (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH..... (1)
8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

992A
92A
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Peter H. K. M. D.
2/26, 1931 (Address) 4701 5th Lane W

*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 Cabvary Cem. DATE OF BURIAL 2/28 1931

20. UNDERTAKER H. A. Stock and Co ADDRESS 2117 E. Grand

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

4701 St. Louis
Er. 6756

9-11-7-8