

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

Do not use this space.

24705

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 4003
 City St. Louis (No. 2631, St. Louis Ave St. 10 Ward) File No. 6850
 Registered No. _____

2. FULL NAME

(a) Residence, No. 2631 St. Louis Ave, 10 Ward.

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. (If nonresident, give city or town and State)

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 Anna Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 25-1870

7. AGE YEARS 61 MONTHS 9 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Graces

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 165

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Cress Schroeder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Anna Schroeder 2631 St Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland DATE July 26, 1932

19. UNDERTAKER (ADDRESS) T. J. Kemp 2707 N. Grand Ave

20. FILED Jul 28 1932 Registrar T. J. Kemp

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7. 23 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to July 23, 1932
 I last saw h. in. alive on 7. 22, 1932 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____
42A
82A

Other contributory causes of importance: Q

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) T. J. Kemp, M. D.
 (Address) 3700 Lindell

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.

WHILE I CAN'T, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1948