

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

Do not use this space.

41455

**1. PLACE OF DEATH**

County *St. Louis* Registration District No. *289*  
Township *Central* Primary Registration District No. *6.0.3.3 B*  
City (No. *24*) *Normandy Drive* St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *24 Normandy Dr.* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ch. Schroeder*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 27 - 1867*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*45 11 3*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *" " 235*  
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 1*

13. NAME *Theo. Beyer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis 10*

15. MAIDEN NAME *Impfmann*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *" 31*

17. INFORMANT (ADDRESS) *Geo. Schroeder 415 Normandy Drive*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *Dec 31* 19*32*

19. UNDERTAKER (ADDRESS) *Warrington Street Co 4740 St. Clairmont Ave*

20. FILED *12/30/1932* *Wells Gray - W. D.* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 30, 1932*

22. I HEREBY CERTIFY That I attended deceased from *Jan 10* 19*32*, to *Dec 30*, 19*32*  
I last saw him alive on *Dec 30, 1932* Death is said to have occurred on the date stated above, at *2 A. m.*  
The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis General*  
*Coronary occlusion*  
*Coronary disease*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *X* Was there an autopsy? *X*

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? *no*

If so, specify \_\_\_\_\_ (Signed) *W. D. Wells*, M. D.  
(Address) *W. D. Wells*

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.

DN 27 1932

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