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

Do not use this space.

27503

1. PLACE OF DEATH
County St. Louis Registration District No. 785
Township Bonhomme Primary Registration District No. 3037
City Kirkwood, Mo. (No. 307, N. Geyer Rd. St. Ward)

File No.
Registered No. 196

2. FULL NAME Bessie Evelyn Schroeder
(a) Residence, No. 307 N. Geyer Rd. St., Ward. Kirkwood, Mo.
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arden A. Schroeder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 — 1897
7. AGE Years 36 Months 1 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Mo.

FATHER
13. NAME Alvin C. Eck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

MOTHER
15. MAIDEN NAME Josephine Laudon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

17. INFORMANT Arden A. Schroeder
(ADDRESS) 307 N. Geyer Rd. Kirkwood, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 8-25-1933
19. UNDERTAKER Louis H. Bopp
(ADDRESS) Kirkwood, Mo.
20. FILED 8-23-1933 E. E. Barnett M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23, 1933
22. I HEREBY CERTIFY, That I attended deceased from 8/19, 1933, to 8/23, 1933
I last saw her alive on 8/22, 1933. Death is said to have occurred on the date stated above, at 8:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	8/23/33
Streptococcic septicemia	
66 Thyroid Hypertrophy (Toxic)	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? no

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) C. A. Leslie M.D., M. D.
(Address) Kirkwood, Mo.

SEP 28 1933

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