

NOV 13 1934

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

Do not use this space.

37587

1. PLACE OF DEATH

County
Township
City St Louis (No. 4621)

Registration District No. 791
Primary Registration District No. 1003

File No. 10033
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 4621-Dahlia Ave 2 Ward. (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 (widow the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Frederick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31-1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. as Home
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) St Louis Mo

13. NAME Henry Schroeder

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

15. MAIDEN NAME Jane Hobson

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

17. INFORMANT (ADDRESS) Mimi J. Carrey 4621-Dahlia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Becker DATE Oct 15 1934

19. UNDERTAKER (ADDRESS) Walter S. Helderle 2336 Broadway

20. FILED 15 1934 19. J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19 1930, to Oct 13 1934
I last saw h. af alive on Oct 12 1934. Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

apoplexy
cerebral hemorrhage
arteriosclerosis
hypertension
Date of onset 10-9-34
5 yrs

Name of operation Date of
What test confirmed diagnosis? all med 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. W. Smith, M. D.
(Address) 22 985 1/2

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.

