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.

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

Do not use this space.

DEC 12 1935

791

37621

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9592

City St. Louis (No. 609, Fassen St. St. ..... Ward)

2. FULL NAME Emma H. Schroeder

(a) Residence, No. 609 Fassen St., 15 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 August Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1862

7. AGE: Years 73 | Months 5 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at 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) St. Louis
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Unknown Hoffmeister

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) "

MOTHER

15. MAIDEN NAME

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

17. INFORMANT Frank G. Schroeder
(ADDRESS) 609 Fassen St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. Pickens DATE 11-16 1935

19. UNDERTAKER Witt Bro. & Co.
(ADDRESS) 2929 S. Jefferson Av.

20. FILED NOV 16 1935 19 Jeff Bredeck
Registrar.

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31
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1935, to 11-14, 1935

I last saw h. e. alive on 11-13, 1935 Death is said to have occurred on the date stated above, at 1 3/4 m.

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

	Date of onset
Chronic myocarditis	1933
Other contributory causes of importance: General cardio-vascular-renal disease	1933

Name of operation None Date of —

What test confirmed diagnosis? Usual 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) Leon C. Haile, M. D.

(Address) 1703 So. Grand Blvd.