

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

Do not use this space.

JAN 16 1936

1. PLACE OF DEATH

County Franklin
Township
City Washington Mo (No. _____)

Registration District No. 297
Primary Registration District No. 3016

File No. 39183
Registered No. 138
St. _____ Ward _____

2. FULL NAME

Robert Henry Schroeder

(a) Residence, No. 2nd & Penn Washington, Mo Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 53 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amelia Schroeder</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 14 - 1882</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>53</u>	<u>no</u>	<u>no</u>	<u>28</u>	<u>no</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rural Carrier</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
				<u>18 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Mo</u>				
FATHER	13. NAME <u>Henry Schroeder</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Caroline Meyer</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mrs Amelia Schroeder</u> (ADDRESS) <u>2nd & Penn Washington, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Presbyterian Cem</u> DATE <u>Dec. 15 - 1935</u>				
19. UNDERTAKER <u>W. H. & W. H. Lusk</u> (ADDRESS) <u>Washington, Mo</u>				
20. FILED <u>Dec. 13 - 1935</u> <u>H. May</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at about 3:45 A.M.

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

Other contributory causes of importance:
none

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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? _____
If so, specify _____
(Signed) C. L. Worthington Coroner M. D.
(Address) Union Mo.

Date of onset
12/12/35

WHITE 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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. DICKINSON AVE.
CHICAGO, ILL. 60637

TO: [Name]
FROM: [Name]
SUBJECT: [Subject]

[Faded text follows, including a date and possibly a reference number.]

Very truly yours,
[Signature]