

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.

AUG 18 1936

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

Do not use this space.

28778

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis, Mo.** (No. **4424**..... **Lee Ave.**..... St. Ward)

File No.....
Registered No. **7544**
St. Ward)

2. FULL NAME **William Carl Schroeder**

(a) Residence, No. **4424 Lee Ave.**..... St. **10**..... 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 **Male** 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 **Berta Schroeder**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 13th. 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
80 7 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Packer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**
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) **Germany**

13. NAME **Frederick Schroeder**

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

15. MAIDEN NAME **Don't Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs. Bertha Schroeder**
(ADDRESS) **4424 Lee Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Peters** DATE **7/20/36** 19.

19. UNDERTAKER **Promiss. Und. Co.**
(ADDRESS) **3710 N. Grand Blvd.**

20. FILED **JUL 17 1936** **J. F. Beredick**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/16/36** 19

22. I HEREBY CERTIFY, That I attended, deceased from **July 17**, 19**36**, to **July 16**, 19**36**.
I last saw h. in live on **July 16**, 19**36**. Death is said to have occurred on the date stated above, at **12:10P.M**
The principal cause of death and related causes of importance were as follows:
Date of onset

Myocarditis chronic

Other contributory causes of importance:
Shock Exhaustion
not heart stroke

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) **A. L. P. M. D.**
(Address) **4143 N. Woodland**

W.K. Jewell 1 P.M.
Lee & Newstead

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