

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.

JAN 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
Park Memorial Hospital

File No. 46285
Registered No. 12071
St. Ward)

2. FULL NAME Emma Schroeder

(a) Residence, No. 3112 Cherokee Street St. 16 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 <u>Female</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>Herman Otto Schroeder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 28th, 1893</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>2</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Doe Run, Missouri
(STATE OR COUNTRY)

13. NAME John London

14. BIRTHPLACE (CITY OR TOWN) Madison County, Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME (Unknown) Maxson

16. BIRTHPLACE (CITY OR TOWN) Washington County, Missouri
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Herman Otto Schroeder, 3112 Cherokee Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl. December 10, 1936

19. UNDERTAKER (ADDRESS) Barnhart Funeral Home, Crystal City, Mo.

20. FILED DEC 8 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1936, to Dec 7, 1936

I last saw her alive on Dec 7, 1936. Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Chronic Myocarditis due to grief
Other contributory causes of importance: Cholecystitis

Name of operation Cholecystectomy of Dec 7
What test confirmed diagnosis? 930 Was there an autopsy?

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) Wm. J. ... M. D.
(Address) ...

#930 Lindell