

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1170 File No. 17668
 7 Township Jefferson Primary Registration District No. 6248-H Registered No. 107
 4 City Richmond Heights (No. ST. MARY'S HOSPITAL) St. _____ Ward _____

2. FULL NAME ANTHONY SCHROEDER
 (a) Residence, No. 4484 PENROSE St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 Sophia Kemperette Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>3</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Finisher

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 ANTHONY SCHROEDER

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

15. MAIDEN NAME MARY KEATING

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

17. INFORMANT Sophia Schroeder
 (ADDRESS) 4484 Penrose St

18. BURIAL, CREMATION, OR REMOVAL PLACE CATHY VARY DATE April 27 37

19. UNDERTAKER First Catholic
 (ADDRESS) 7600 North Judge

20. FILED April 26 1937 Sam A. Bassett
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 37

22. I HEREBY CERTIFY That I attended deceased from Feb 15, 1937, to Apr 24, 1937
 I last saw him alive on Apr 23 1937 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Metastatic carcinoma Date of onset 4 mos +
Primary ca of right thigh 3 yrs
 Other contributory causes of importance:
Wenura 53 Apr 20 1937
Biopsy of inguinal glands
 Name of operation 2. D. sup. X-ray Date of Feb 23-37
 What test confirmed diagnosis? biopsy 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 Arterio Sclerotic M. D.
 (Signed) Arterio Sclerotic (Address) 2743 No Second Blvd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

