

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

Do not use this space.

**JUN 12 1937**

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. 4637, Newport.....) St. .... Ward)

File No. 18027  
Registered No. 4603

**2. FULL NAME** Julia Schrodi

(a) Residence, No. 4637 Newport St., 15 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Albert Schrodi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>25</u>	<u>60</u>	<u>2</u>	<u>26</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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 John Flynn

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

15. MAIDEN NAME Mary Laffee

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

17. INFORMANT (ADDRESS) Mrs. A. Baumann  
4637 Newport

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 5-7-37

19. UNDERTAKER (ADDRESS) Southern Undert. Co.  
6322 S. Grand Blvd.

20. MAY 4 - 1937 19. J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to May 4, 1937.

I last saw her alive on May 3, 1937. Death is said to have occurred on the date stated above, at 1:05 a.m.

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

Chronic myocarditis Date of onset four years

Other contributory causes of importance: PJG

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? no  
If so, specify.....  
(Signed) O. J. F. Luce, M. D.  
(Address) 7606 Webster

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.

OCCUPATION 899

