

AUG 11 1937

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

Do not use this space.

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. Trinity Lutheran Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 262687  
Registered No. 2981

2. FULL NAME Mrs. Catherine J. Schroeder  
(a) Residence, No. 5025 Paseo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

|   |   |   |           |  |
|---|---|---|-----------|--|
| 3. SEX<br><b>Female</b>   | 4. COLOR OR RACE<br><b>White</b>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><b>Married</b> |           |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>J. J. Schroeder</b>   |   |   |           |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 1, 1879</b>                           |   |   |           |  |
| 7. AGE  | YEARS   | MONTHS  | DAYS      | If LESS than 1 day, .....hrs. or .....min. |
| <b>25</b>   | <b>57</b>   | <b>9</b>  | <b>11</b> |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.                                   |   |           |  |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>At Home</b>                             |   |           |  |
|   | 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) <b>Columbus, Ohio</b>                |   |   |           |  |
| MOTHER FATHER   | 13. NAME <b>John Edelmann</b>   |   |           |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>   |   |           |  |
|   | 15. MAIDEN NAME <b>Mary Ann Fogarty</b>   |   |           |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>                       |   |   |           |  |
| 17. INFORMANT <b>J. J. Schroeder</b><br>(ADDRESS) <b>5025 Paseo</b>                   |   |   |           |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <b>Mt. Moriah</b> DATE <b>July 14 1937</b> |   |   |           |  |
| 19. UNDERTAKER (ADDRESS) <b>Freeman Mortuary &amp; Chapel Kansas City, Missouri</b>   |   |   |           |  |
| 20. FILED <b>July 12 1937 M. M. Brown</b><br>Registrar.                               |   |   |           |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1937

22. I HEREBY CERTIFY, That I attended deceased from June 70, 1937, to July 12, 1937  
I last saw him alive on July 11, 1937 Death is said to have occurred on the date stated above, at 7 9 m.  
The principal cause of death and related causes of importance were as follows:  
Causes primary of ovary  
**49**  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
None

Name of operation Hysterectomy Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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 1

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. M. Brown, M. D.  
(Address) Washington Blvd  
**10A MW**

WRITE 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.

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