

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

Do not use this space.

SEP 10 1937

**791
1003**

28789

1. PLACE OF DEATH
 County Registration District No.
 Township Primary Registration District No.
 City St. Louis (No. 5500 Grace Ave.) St. Ward

2. FULL NAME Frederick L. Schroeder
 (a) Residence, No. 5500 Grace Ave. St. 15 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.

File No.
 Registered No. 7422
 St. Ward

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 Emma Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1956

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 6

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

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

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 Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Stahl - daughter
5500 Grace Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 8-6-37 19

19. UNDERTAKER (ADDRESS) Southern
6322 S. Grand Boulevard

20. FILED 4119 5 1937 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3-37 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934, to Aug 3, 1937
 I last saw him alive on about Aug 2, 1937. Death is said to have occurred on the date stated above, at 5:10 a.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Chronic Interstitial Nephritis

Other contributory causes of importance: Chronic Myocarditis

Name of operation Date of
 What test confirmed diagnosis? 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) Richard H. Tolman M. D.
 (Address) 4247 S. Grand

WHITE PLAIN, WITH GRADING INFORMATION IS A STANDARD 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.

MOTHER FATHER OCCUPATION

Dr. J. L. Sullivan - Mo. Theatre