

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.

SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City of St. Louis

(No. 3521 Clay Avenue

File No.

Registered No.

29136

7819

St. Ward)

2. FULL NAME

Mary Gertrude Schroeder

(a) Residence, No.

3521 Clay Avenue

St.

10 Ward.

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

wife of Henry Schroeder

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

Jan 21, 1871

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

66

6

28

OCCUPATION

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

Housewife

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

Franklin County

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Henry Stroberg

MOTHER

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

Missouri

15. MAIDEN NAME

Sophia Sellmeyer

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

Missouri

17. INFORMANT (ADDRESS)

Lida Schroeder 3528a Pestalozzi

18. BURIAL, CREMATION, OR REMOVAL to

PLACE Washington, Mo. date Aug. 20, 1937

19. UNDERTAKER (ADDRESS)

A. N. McLaughlin 2501 Lafayette Ave

20. FILED

AUG 19 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 20, 1937, to Aug 19, 1937

I last saw him alive on 8-18, 1937. Death is said

to have occurred on the date stated above, at 5:45 m.

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

arteriosclerosis Date of onset

chronic myocarditis Terminal Results of Hypertension

Name of operation Date of

What test confirmed diagnosis? ~~Throat~~ 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

(Signed) W. W. Spangis, M. D.

(Address) 3505 N. Grand

