

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

36431
Do not use this space.

1. PLACE OF DEATH NOV 15 1937

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St Louis (d) Street No. Mo Baptist Hospital Registered No. 10008
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry P Schroeder
 (a) Residence, No. 4960 Maffitt Place St. 6 (If nonresident, give city or town and State)

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 Julia Querl Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1876

7. AGE YEARS 61 MONTHS 9 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant & Mfg Agent

9. Industry or business in which work was done, as 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

FATHER 13. NAME John H Schroeder
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Anna M Meier
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Julia Querl Schroeder 4960 Maffitt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue DATE 10-29-1937
Beiderwieden Funeral Home Inc

19. FUNERAL DIRECTOR (ADDRESS) 1936 St Louis Ave

20. FILED OCT 27 1937 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw h..... alive on..... 3:40 P M 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:
Compound Fracture of the left femur suffered when he fell down the steps at his home 4960 Maffitt Ave on Sept 28-1937 at about 3:45 P.M.
 Date of onset.....
 Other contributory causes of importance.....
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 9/28/37
 Where did injury occur? St Louis Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury.....
 Nature of injury..... See above

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Joseph M. ... Deputy Coroner

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.

658177
10
10

I X12004

STATEMENT BY LICENSED EMBALMER

I, B. W. Hoag, Licensed Embalmer No. 3737

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

B. W. Hoag
Licensed Embalmer No. 3737

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)