

REC'D FEB 1 1939

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

386
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) City..... St. Louis / (d) Street No..... Lutheran Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Fred J. Schroeder

(a) Residence, No. High Ridge, Mo. St. *High Ridge Mo.*
(Usual place of abode, if no street address, write county or city) (If non-resident, give county or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1876		
7. AGE	YEARS 62	MONTHS 10
	DAYS 9	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	Carpenter
	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)..... Columbia (STATE OR COUNTRY)..... Illinois		
FATHER	13. NAME	Andrew
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY).....	Not known Illinois
MOTHER	15. MAIDEN NAME	Arnold
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY).....	Not known Illinois
17. INFORMANT Dorothy Schroeder (ADDRESS) High Ridge, Ill.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl DATE 1/14/39		
19. FUNERAL DIRECTOR (NAME) J. L. Ziegenhein & Son (ADDRESS) 7027 Gravois Avenue		
20. FILED		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11 19 39
22. HEREBY CERTIFY, That I attended deceased from Jan 10 1939, to Jan 11 1939
I last saw him alive on Jan 11 1939 Death is said to have occurred on the date stated above, at 1.57 m. P.M.
The principal cause of death and related causes of importance were as follows:

Solane parvumina 1/5/39
108
Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis? *X-ray* - *Microscopic* 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) *V. J. [Signature]*, M. D.
(Address) *7702 [Address]*

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Clarence S. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937^a Gravo

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.)

If this body is not embalmed, above space should be left blank.