REC'D JUL 18 1939

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

Do not use this space.

File No. 22511

Registered No. 6

1. PLACE OF DEATH

County Lafayette 2 Registration District No. 454

Township Davis 1 Primary Registration District No. 5624 B.

City ..... (No. 636 ....., ... St. ..... Ward)

2. FULL NAME John Schroeder, Jr.

(a) Residence, No. ..... St., ... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minna Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	1	5	

OCCUPATION

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

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Niederstadt Amt Bucherwerde Hessen, Germ.

FATHER

13. NAME Gerhardt Schroeder, 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Niederstadt Amt Grunberg Hessen, Germ.

MOTHER

15. MAIDEN NAME Katharine Schroeder, 6

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lohnstadt, Amt Brunberg, Hessen Germ.

17. INFORMANT (ADDRESS) Mrs. Minna Schroeder,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Petri Cem. DATE June, 1939

19. UNDERTAKER (ADDRESS) A. H. Bremer, Alma, Mo.

20. FILED 12 June, 1939 Mrs Frank McClure Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to June 10, 1939

I last saw him alive on June 9, 1939. Death is said to have occurred on the date stated above, at 12:30 P. M.

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

	Date of onset
Bright's Disease	1935

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Other contributory causes of importance: Hypertension

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? ..... 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) Bernard Shryman, M. D.

(Address) 914 Concordia, Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
100M-11-2-33

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 7/11/39