DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30840

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 7903

1. PLACE OF DEATH:
(a) County: St. Louis Mo
(b) City or town: St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DEASCED:
(a) State: Missouri (b) County: 1
(c) City or town: St. Louis, 10
(If outside city or town limits, write "RURAL")
(d) Street No.: 3110 Whittier St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: EMIL SCHRODER 636

3. (b) If veteran, name war: No

3. (c) Social Security No. _____

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Leona Schroder

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: June 6, 1873. (Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Butcher

11. Industry or business _____

FATHER
12. Name: William Schroder
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Johanna Hesse
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Leona Schroder
(b) Address: 3110 W Whittier St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation: Bethany

18. (a) Signature of funeral director: [illegible]
(b) Address: 1374 Union Blvd

19. (a) SEP 14 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1939 hour 12: minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1939, 19____, to Sept. 12, 1939, 19____; that I last saw him alive on Sept. 11, 1939, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of the liver, Onset to my knowledge, Sept. 1, 1939 — Duration

Due to: _____

Due to: _____

Other conditions (Include pregnancy within 3 months of death): Cardiac failure.

Major findings: Of operations: _____

Of autopsy: Cirrhosis of liver and ascites.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature: [illegible] (M. D. or other)
Address: 320 Metropolitan Bldg. Date signed: 9/13/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE CARBONS BLACK INK—MAKE 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.

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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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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

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