

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 10/26/40
(Specify whether
In this community -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2756 Lafayette Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME William Schroeder

3. (b) If veteran, name war World War
3. (c) Social Security No. None Not remembered.
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased November 9, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>11</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Porter

11. Industry or business _____

MOTHER FATHER { 12. Name Gus Schroeder
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Annie Minhardt
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Burial (b) Date thereof 11-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Margus Cem
18. (a) Signature of funeral director Wm B. P. L. & Co
(b) Address 2929 S. Jefferson Ave

19. (a) NOV 4 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th
year 1940 hour 12:05 minute _____ a. m.

21. I hereby certify that I attended the deceased from October 26, 1940 to November 4, 1940
that I last saw him alive on November 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency.
Due to _____
Due to _____

Other conditions: Nephritis, chronic, with edema. Unkn.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Autopsy performed. See cause of death.

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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature C. W. HUGHES M.D., NOV 4, 1940
Address Chief Medical Officer Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Paul A. Shanklin

Registered Apprentice No.

working under my personal supervision.

Signed

Edgar F. Witt

Licensed Embalmer No.

P. O. Address

2929 S. Jefferson A

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, fact should be so stated above.