

No. 2  
1-13-40  
-17-39  
I X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8552

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1962

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
879 Canaan Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Birth  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles. W. Schroeder

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male  5. Color of race White

6. (a) Single,  divorced,  married,  Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10, 1921  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	9	18	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Nooter Boiler Works

12. Name Charles G. Schroeder

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

14. Maiden name Amelia Elstermeyer

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

16. (a) Informant Charles G. Schroeder

(b) Address 879 Canaan Ave

17. (a) Burial (b) Date thereof 3/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 2 1941 (b) J. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 8 17

(d) Street No. 879 Canaan Ave  
(If rural, give location) 7

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28, year 1941 hour 8:15 AM minute M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull; Subdural Hemorrhage of Brain; when he was struck by a sheet of steel, which was moving with a crane, at the Nooter Boiler Works Co., 1400 So. 7th St., about 8:10 A.M. Feb. 28th, 1941.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 176-3 66 205w

Of autopsy \_\_\_\_\_

Duration

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) Accident, rd

(b) Date of occurrence Feb. 28th, 1941

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place

While at work?  (Specify type of place)

(e) Means of injury 3

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 3/1/41

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

MOTHER FATHER

**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

**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.**