

2 No. 2
4-13-40
5-17-39
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FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16671

State File No. _____

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 4189

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3638a Liermann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days)

3. (a) PRINT FULL NAME John O. Schrodi

3. (b) If veteran, name war Spanish 3. (c) Social Security No. 493-10-3060

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Johanna Schrodi 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 13, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>4</u>	hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Shallcross Printing Co.

12. Name Charles A. Schrodi

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Wolf

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna Schrodi

(b) Address 3638a Liermann

17. (a) Burial (b) Date thereof 5-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) MAY 19 1941 (b) J. J. Meyer
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1517
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3638a Liermann (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1941 hour 8 minute 30a. M.

21. I hereby certify that I attended the deceased from 5/14, 1941, to 5/17, 1941;
that I last saw him alive on 5/16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis & deg.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 9th

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Meyer (M. D. or other) MD
Address 200 Liermann Date signed 5/19/41

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

MOTHER FATHER

1st 3 PM
7th 8³⁰ PM

Dr. ^{Dr.} Mary

In 9605 Riv 5172

2001 Christie

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.....

Virgil L. Berryman

Licensed Embalmer No.

4018

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.