

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36603

State File No.

DEC 22 1941 791

Primary Registration District No. 1003

Registrar's No. 8832

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

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:
St. Louis City Hospital #1 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo.
(Specify whether

In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 3310 Texas Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gertrude Schroeder

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 10th 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>27</u>	hr. min.

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

10. Usual occupation Housework at home

11. Industry or business

12. Name Henry Grabensbhrou

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

14. Maiden name Anna M. Eggenpähler

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

16. (a) Informant Mrs. Mary Garthoeffner
5007 Lansdowne Ave.

17. (a) Burial (b) Date thereof 11-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem
Kriegshauser Mortuary

18. (a) Signature of funeral director [Signature]

(b) Address 4228 So. Kingshighway Blvd.

19. (a) Nov 7 1941 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1941 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from October 7, 1941 to November 6, 1941;

that I last saw h. er. alive on November 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis pulmonary infarct

Due to

Due to

Other conditions |||
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)

(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 M. M. Keil (M: D. or other)

Address 1515 Lafayette Avenue, Date signed 11/6/41

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.....

Eduardo A. McArdund

Licensed Embalmer No. *3024*

P. O. Address.....

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.