

1. PLACE OF DEATH:

(a) County St. Louis County, Mo.
(b) City or town St. Louis County, Mo.
(c) Name of hospital or institution 45 Claverach Drive, Clayton, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis County, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 45 Calverach Drive, Clayton, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph C. Schroeder

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 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 February 15, 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Lawyer

11. Industry or business _____

MOTHER FATHER
12. Name John H. Schroeder
13. Birthplace Europe
14. Maiden name Anna Meier
15. Birthplace Europe
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Julius Schroeder
(b) Address 45 Claverach Drive

17. (a) Burial (b) Date thereof 12-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME
(b) Address 6322 S. Grand Blvd.

19. DEC 9, 1941 (Date received local registrar) (c) P. H. Mehan M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 7th
year 1941 hour 8p.m. minute _____ M.

21. I hereby certify that I attended the deceased from Oct 15 - 40
1941 to Dec 7th 1941

that I last saw him alive on Dec 5 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to 93d

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

Major findings: Of operations _____

Of autopsy _____

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 Peter Beck, M.D. (M. D. or other) _____

Address 4701 St Louis Ave. Date signed 12/9/41

Duration

Over a year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

[AUG 17 1954

DEC 19 1944

Dr. Peter Eck
4701 a St. Louis Ave.
532 TO 800 9AM TO 11AM

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.....

Licensed Embalmer No.....

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.