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7-5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 14 1942
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25046

State File No.

Registration District No. 688

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH: Pike

(a) County Pike

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

(c) Name of hospital or institution:
at home
(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 Mo (b) County Pike

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. 1102 S main
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK Siegel Schroeder

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lena Benzinger 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Dec 16 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 4 minute 30 a. M.

21. I hereby certify that I attended the deceased from Jun 1 to July 28 1942 that I last saw him alive on July 27 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired

Immediate cause of death Cerebrus
of stroke

Due to.....

Due to..... 51 f

Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations Cerebrus

Of autopsy none

MOTHER FATHER

11. Industry or business Grocery

12. Name Henry Schroeder

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

14. Maiden name Louise Zimmerman

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

16. (a) Informant John Schroeder

(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem

18. (a) Signature of funeral director F. Stauch

(b) Address Louisiana Mo

19. (a) 7/28/42 (b) F. Stauch (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) end

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

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

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

23. Signature F. Stauch (M. D. or other) Address Louisiana Mo Date signed 7/28/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1108

RECEIVED

District Health Officer No. 10

District File Number 8-42-1530

Date Filed AUG 11 1942

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.....

George O. Hagner

....., Registered Apprentice No.....

working under my personal supervision.

Signed George O. Hagner

Licensed Embalmer No. 3173

P. O. Address Louisiana, 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.