

FILED OCT 21 1942

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8298

1. PLACE OF DEATH:

(a) County
(b) City or town
(c) Name of hospital or institution: LUTHERAN HOSPITAL
(d) Length of stay: In hospital or institution 1 MONTH
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town OWENSVILLE
(d) Street No. ROUTE 1
(e) Citizen of foreign country? NO.

3. (a) PRINT FULL NAME WILLIAM HENRY SCHROEDER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color, or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife KATIE ROETHMEYER 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased JANUARY 21 1891

8. AGE: Years 71 Months 8 Days 13 If less than one day hr. min.

9. Birthplace BEEFONTS MISSOURI

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name WILLIAM SCHROEDER
13. Birthplace NOT KNOWN
14. Maiden name NOT KNOWN
15. Birthplace NOT KNOWN

16. (a) Informant Miss Opal Schroeder
(b) Address Owensville, Mo. Route 1

17. (a) (b) Date thereof 10 7 1942

(c) Place: burial or cremation SCHROEDER CEMETERY

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) OCT 6 1942 (b) J. F. Bruck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th year 1942 hour 5 minute 5 A.M.

21. I hereby certify that I attended the deceased from 9/7/42 to 10/4/42 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cholecystitis with Stomach Symp

Due to

Due to

Other conditions Smelly / 2/4

Major findings: Of operations As Above

Of autopsy None

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?
(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 Thos H. Hayes (M. D. or other) O. H. P.
Address 3651 Grand Sq. Date signed 10/6/42

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

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.....

Welford G Burnley

Licensed Embalmer No.....

4202

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.