

S. No. 2  
A-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

32410

State File No. ....

Registrar's No. 58299

FILED OCT 21 1942  
318

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Anthony's Hospital  
(d) Length of stay: 1 day  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. Mattese, Inc.  
(e) Citizen of foreign country? No  
If yes, name country 1

3. (a) PRINT FULL NAME Fred Schroeter Jr.  
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 Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct. 6, 1942  
(Month) (Day) (Year)

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

9. Birthplace Mattese, Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Fred H. Schroeter

13. Birthplace Mattese, Missouri (State or foreign country)

14. Maiden name Isabelle Rode

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

16. (a) Informant Fred H. Schroeter  
(b) Address Mattese, Missouri

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

(c) Place: burial or cremation St. Johns, Mehlville, Mo.

18. (a) Signature of funeral director Fendler Und. Co.  
(b) Address 7420 Michigan Ave

19. (a) 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 year 1942 hour 12 minute PM

21. I hereby certify that I attended the deceased from birth 10-6-1 AM, 1942 to 10-6-12 PM, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death baby at birth was not breathing due to unknown cause  
Due to lived under oxygen stimulant only, about 11 hours  
Duration

Other conditions 161  
(Include pregnancy within 3 months of death)

Major findings: 161  
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? .....

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

23. Signature Matilda F. Tite (M. D. or other) .....  
Address 4110 Michigan Date signed .....

84-4 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 *Clayton J. Smith*  
Licensed Embalmer No. 4148  
P. O. Address *H. L. Smith, Me.*

**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.**