

FILED NOV 6 1942

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

34138

Do not use this space.

**1. PLACE OF DEATH**

(a) County LAFAYETTE Registration District No. 172 5<sup>34</sup>  
 (b) Township DAVIS Primary Registration District No. 5640 9 Registered No. 57  
 (c) City \_\_\_\_\_ (d) Street No. 1 \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

AUGUST SCHROEDER  
 (a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_ (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 5 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMING & MINING  
 9. Industry or business in which work was done, as saw mill, bank, etc. COAL MINE  
 10. Date deceased last worked at this occupation (month and year) OCT 7, 1942 11. Total time (years) spent in this occupation 40 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CONCORDIA MO

FATHER 13. NAME HENRY SCHROEDER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME MARY FRITAG

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CONCORDIA MO

17. INFORMANT MRS A. D. BROCKMAN  
 (ADDRESS) CONCORDIA MO

18. BURIAL, CREMATION, OR REMOVAL PLACE ST PAULS CEMETERY DATE OCT 10, 1942

19. FUNERAL DIRECTOR (NAME) E. S. JAMES  
 (ADDRESS) CONCORDIA MO

20. FILED Oct. 10 - 1942 Dr. W. A. Brockman  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 7, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1942 to Oct 7, 1942

I last saw him alive on Oct 7, 1942 Death is said to have occurred on the date stated above, at 9:30 pm.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 10-7-42

Other contributory causes of importance: J3a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) Paul Lowell, M. D.  
 (Address) Blackburn Mo

(Licensed Embalmer's Statement on Reverse Side)

1189

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-5-42

---

---

**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 me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Conradia 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, above space should be left blank.