

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

**1. PLACE OF DEATH:**  
 (a) County.....  
 (b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6141 Virginia Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State..... Missouri (b) County..... 000  
 (c) City or town..... St. Louis 17  
(If outside city or town limits, write "RURAL") 19  
 (d) Street No. 6141 Virginia Ave.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... 0

**3. (a) PRINT FULL NAME** Emil Schroeder  
**3. (b) If veteran,** name war None **3. (c) Social Security No.** None  
**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Anna Schroeder **6. (c) Age of husband or wife if alive** Abt. 75 years  
**7. Birth date of deceased** December 17, 1863  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month November day 15th  
 year 1942 hour 3:30 P.M. minute..... M.  
**21. I hereby certify that I attended the deceased from** Jan 26 1942 to Nov 13 1942  
 that I last saw him alive on Nov 13 1942  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>29</u>	..... hr. .... min.

Immediate cause of death Cerebral hemorrhage **Duration** Nov 6, 1942  
 Due to Arteriosclerosis 2 years or more  
 Due to Chronic Parenchymatous Nephritis 2 years or more  
 Other conditions.....  
(Include pregnancy within 3 months of death)

**9. Birthplace** Illinois  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Retired Restaurant 20Yrs.  
**11. Industry or business**.....  
**12. Name** John Schroeder  
**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Unknown  
**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)  
**16. (a) Informant** Mrs. Anna Schroeder  
**(b) Address** 6141 Virginia Ave.  
**17. (a) Burial** **(b) Date thereof** 11-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Mount Hope  
**18. (a) Signature of funeral director** Southern Funeral Home  
**(b) Address** 6322 S. Grand Blvd.  
**19. (a) NOV 16 1942** **(b) J.F. Brudeck**  
(Date received local Registrar) (Registrar's signature)

**Major findings:** 12/1  
 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)** no  
**(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?..... (c) Means of injury.....  
**23. Signature** Leroy E. Ellison (M. D. or other) MD  
**Address** 3616 sq Broadway **Date signed** 11-16-42

DR. LEROY ELLISON  
3616 S. BROADWAY  
LA. 5626 10 20 12

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 *Virgil L. Berryman*  
Licensed Embalmer No. *4018*  
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.