V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5893

State File No.

FILED FEB 23 1943

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 183

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mercy Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo - 9 days (Specify whether In this community 1 Month 9 days, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 3616 Seneca Street, (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Adolph Louis Schroeder,

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 491-09-9922

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Jennie Schroeder,

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 9, 1877 (Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Unknown, (City, town, or county) Germany, 4 (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Jersey Cereal Co.

FATHER
12. Name Adolph R. Schroeder,
13. Birthplace Unknown, (City, town, or county) Germany, 4 (State or foreign country)

MOTHER
14. Maiden name Julia Schumacher,
15. Birthplace Unknown, (City, town, or county) Germany, 4 (State or foreign country)

16. (a) Informant Mrs. A. L. Schroeder

(b) Address 3616 Seneca Street, St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Heaton Bruce & Bowman Funeral

(b) Address 319 South 10th. Street, Home

19. (a) 2-16-43 (Date received local registrar) (b) Rose Hezog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th. year 1943 hour 12:00 minute 32 a.M.

21. I hereby certify that I attended the deceased from Jan. 6, 1943, 19 , to Feb. 14, 1943, that I last saw him alive on Feb. 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Sigmoid

Due to

Due to

46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of Sigmoid

Of autopsy —

Duration

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 [signature] (M. D. or other) D. O.

Address 823 Farson St. Date signed 2-15-43

1255

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1943

MAR 17 1943

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~~ 2/14/43, Registered Apprentice No. ✓ working under my personal supervision.

Signed. Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph M

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.