

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **4 days**
(Specify whether _____)

In this community **Unknown**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
17

(c) City or town **St. Louis** **910**
(If outside city or town limits, write "RURAL")

(d) Street No. **4536 Labadie Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Henry Schroeder**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **488-16-7025**

4. Sex **Male** 5. Color **White** race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Augusta Schroeder**

6. (c) Age of husband or wife if alive **15** years **1863**

7. Birth date of deceased **Nov. 15 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	10	_____ hr. _____ min.

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

10. Usual occupation **Estimator**

11. Industry or business **American Car & F. Co.**

MOTHER FATHER

12. Name **Unknown** **9**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie King**

(b) Address **4536 Labadie Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 27, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus cemetery**

18. (a) Signature of funeral director **Wacker-Helander and Co.**

(b) Address **3634 Gravois Ave.**

19. (a) **MAY 26 1943** (Date received local registrar) **J. F. Bredek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25** th
year **1943** hour **2** minute **35** A.M.

21. I hereby certify that I attended the deceased from **5/24/43** to **5/25/43**
that I last saw him alive on **5/24** and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombocytosis with uremia 1-2 yrs?**

Duration **1-2 yrs?**

Due to **131**

Other conditions **Arteriosclerosis Heart 1-2 yrs?**

Major findings **Hypertrophy of Prostate**

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) **same**

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. F. Bredek** (M. D. or other) **5/27/43**

Address **408 1/2 ...** Date signed **5/27/43**

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..... *Frank J. Myland*
Licensed Embalmer No. *2645*
P. O. Address *St. Louis*

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.