S. No. 2
0M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23472

FILED AUG 12 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6974

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3624 Pennsylvania 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 924

(a) State Missouri (b) County

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

(d) Street No. 3624 Pennsylvania
(If rural, give location)

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

3. (a) PRINT FULL NAME Johanna Schroeter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white 1

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife John C.

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

7. Birth date of deceased Sept. (Month) 15 (Day) 1864 (Year)

8. AGE: Years 78 Months 10 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name August Schmitt
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Ray Schroeter
(b) Address 2310 Miami

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director John L. Zeigenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) AUG 2 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1943 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 17, 1941, to July 30, 1943
that I last saw him alive on July 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 C. E. Moeller 0 (M. D. or other)
Address 3537 S Jefferson Date Aug 2-43

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.