

15949
S. No. 2
FORM-5-42
Rev. 5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED AUG 8 1943
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 23-173
Registrar's No. 6748

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:
St. Louis City 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri. (b) County..... 001
(c) City or town..... Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3338 Texas Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Theodore Richard Schroth
3. (b) If veteran, name war..... 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..... Mary Schroth 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 6th, 1866.
(Month) (Day) (Year)

8. AGE: 77 Years Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation Stationary Engineer

11. Industry or business Schroth

12. Name ?
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mary Schroth
(b) Address 3338 Texas Ave.

17. (a) Burial (b) Date thereof July 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew's Cemetery

18. (a) Signature of funeral director Zegerheim Bros.
(b) Address 1949 Gravois Ave.

19. (a) JUL 27 1943 (b) J. J. Bruesch
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26.
year 1943 hour 12:45 minute A. M.
21. I hereby certify that I attended the deceased from July 23, 1943, to July 26, 1943
that I last saw him alive on July 26, 1943
and that death occurred on the date and hour stated above.
Duration
Immediate cause of death Cerebral Thrombosis
Due to Generalized Arteriosclerosis
Due to None

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 William D. ... (M. D. or other) 7/26/43
Address 1515 Lafayette Avenue. Date signed 7/26/43

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

MOTHER FATHER

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. Harris
Licensed Embalmer No. 3360
P. O. Address 6409 Harris

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.