

Registration District No. _____

Primary Registration District No. _____

1003

State File No. _____

Registrar's No. _____

479

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Alexian Bros. Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Herman Schroeder

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Dora Schroeder 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased April 19th, 1895.
 (Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Foreman

11. Industry or business Fulton Bag Co.

12. Name Fred Schroeder

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

14. Maiden name Karolina Jasmich

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

16. (a) Informant Dora Schroeder

(b) Address 3112 Cherokee Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19-1944.
(Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Fugenthan Bros.

(b) Address 6409 Gravois Ave.

19. (a) JAN 17 1944 (Date received local registrar) (b) J. R. Budek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town Saint Louis. 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3112 Cherokee Street.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th,
year 1944. hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec. 11, 1943 to Jan. 15, 1944.
 that I last saw him alive on Jan. 15, 1944.
 and that death occurred on the date and hour stated above.
 Immediate cause of death Embolic - cerebral Duration 3 days

Due to Streptococcus viridans septicemia with endocarditis, acute. 2 1/2 w.
 Due to _____

Other conditions neoplasm (benign) right lung.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert S. Nye, M.D. (M. D. or other) _____
Address 3201 Arsenal Date signed 1-17-44

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

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.