

FILED FEB 28 1944 18

10003

Registration District No.

Primary Registration District No.

Registrar's No. 1433

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 City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 hours  
 In this community 53 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")  
 (d) Street No. 2204 College Ave. (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Pauline Schroeder

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George Schroeder 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 14 1890  
 (Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business Paul Klincar

12. Name Paul Klincar 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant George Schroeder

(b) Address 2204 College Ave.

17. (a) Burial Calvary Cemetery (b) Date thereof 2-15-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hy. Leidner U. Co.

18. (a) Signature of funeral director J. F. Buddeck

(b) Address 2223 St. Louis Ave

19. (a) FEB 1 1944 (b) J. F. Buddeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th.  
 year 1944 hour 9:10 PM minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions None  
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature Thomas F. Callahan (M. D. or other) \_\_\_\_\_  
 Address Deputy Coroner Date signed 2-14-44

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.....

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address. *2223 Schenck Ave*

**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.**