V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23411

State File No.

Registration District No. 818 Primary Registration District No. 1000 Registrar's No. 6622

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: 3417 HENRIETTA ST. /
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3417 HENRIETTA ST. 17
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRED SCHROEDER.

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARIE SCHROEDER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 3 (Day) 1859 (Year)

8. AGE: Years 85 Months 4 Days 25 If less than one day hr. min.

9. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)
10. Usual occupation NIL
11. Industry or business

FATHER
12. Name GERHARD SCHROEDER
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANN LESA
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Schroeder
(b) Address 3417 Henrietta St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 31/44 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av
19. (a) JUL 28 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1944 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1939, 19 to July 27, 1944 that I last saw him alive on July 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration 5 yrs

Due to arteriosclerosis — 5 yrs
Chronic nephritis — 5 yrs
Due to Diabetes — 5 yrs

Other conditions (Include pregnancy within 3 months of death)

61

Major findings:
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)
(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 0

23. Signature Carl Stephans M.D. (M. D. or other)
Address 3248 Lafayette Date signed 7/28/44

(Licensed Embalmer's Statement on Reverse Side)

844

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 Ketter

Licensed Embalmer No. 3880

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.