

S. No. 2
DOM-5-43
ev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 149EA
Registrar's No. 3132

FILED APR 23 1945

Registration District No. _____ Primary-Registration District No. _____

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 9726 Gravois
(If rural, give location) C.N.R.

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

3. (a) PRINT FULL NAME Adolph Schroeck

3. (b) If veteran, name war _____

3. (c) Social Security No. 487-18-2604

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Katherine Schroeck

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 14, 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 21
If less than one day hr. _____ min. _____

9. Birthplace Baden Baden Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Century Electric Co

12. Name John Schroeck

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Schroeck

(b) Address 9726 Gravois

17. (a) burial (b) Date thereof 4/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) APP 9 1945 J. F. Bredbeck
(Date given to local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1945 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 18 1945 to April 5 1945
that I last saw him alive on April 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Cerebral arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83

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? _____

23. Signature Ch. K... 3 (M. D. or other) _____
Address 3805 S. Bepadung Date signed 4/10/45

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois 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.