

STANDARD CERTIFICATE OF DEATH

State File No. ....

**WED JUN 30 1945**

318

Primary Registration District No. ....

1003

Registrar's No. ....

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:  
4727a Greer Ave.  
(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:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4727a Greer  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Louis Wm. Schroeder Sr.

3. (b) If veteran, name war None 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 Anna Schroeder 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July 8, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>5</u>	hr. min.

9. Birthplace Breeze, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business Self

12. Name John Schroeder

13. Birthplace Breeze, Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Breeze, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Schroeder

(b) Address 4727a Greer Ave.

17. (a) Burial (b) Date thereof June 18, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory New Pickers

18. (a) Signature of funeral director Emmett Neuhaus

(b) Address 1431 Union Blvd.

19. (a) JUN 15 1945 (b) J. J. Bueck  
(Date reduced to register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1945 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from 6:10 1945 to 6:13-45 1945  
that I last saw him alive on 6:13-45 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral hemorrhage Duration 2 hr.

Due to Hypertension

Due to arterio sclerosis

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

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? .....

While at work? (Specify type of place) (e) Means of injury 3

23. Signature Emmett Neuhaus (M. D. or other) .....

Address 1431 Union Blvd. Date signed 6/15/45

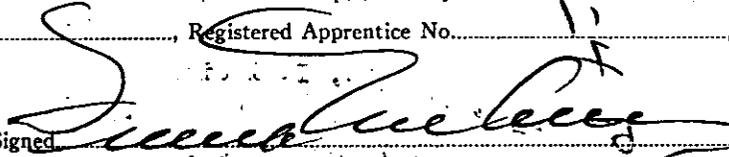
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 .....

Licensed Embalmer No.....

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.**