S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34477

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 158

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 919 Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 919 Jefferson
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herman Schroder
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 widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 10th (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	6	hr. min.

9. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Henry Schroder
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna Stoermer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Schroder
(b) Address St Charles Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery
18. (a) Signature of funeral director Hackmann-Baue
(b) Address 326 North 6th Street
19. (a) Oct 19, 1945 (Date received local registrar) (b) Ernest E. Paul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th year 1945 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 10, 1944 to Oct. 16, 1945 that I last saw him alive on Oct. 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac decompensation	3 days
Due to Aortic Stenosis	?
Due to	
Other conditions Mitral Regurgitation (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 10-20-45

1340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-14-45

JAN 7 1946

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 Arthur C Bane

Licensed Embalmer No. 3155

P. O. Address SX Charles Mo.

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.