. S. No. 2
0M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1946

State File No. 7910

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1430

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

98

6850

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital #1 0
(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 1517

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

(d) Street No. 4365 Beck Av. 9
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Otto J. Schrodi

3. (b) If veteran, name war No

3. (c) Social Security No. 498 18 9273

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Katherine

(c) Age of husband or wife if alive years

7. Birth date of deceased About (Month) 1886 (Day) (Year)

8. AGE: Years Abt 60 Months Unknown Days If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Otto Schrodi 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Schrodi

(b) Address 4365 Beck Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/46 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director Wm C. Mozdell

(b) Address 1926 Allen Av.

19. (a) FEB 12 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1946 hour 9.00 minute 3 OP M.

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

Immediate cause of death Fracture of skull
Subdural hemorrhage of brain
suffered when deceased fell down
Due to a flight of steps leading from
the 1st floor to the basement at
Due to 2836 Chippewa St on Feb. 2 1946
At about 8:30 P.M.

Other conditions
(Include pregnancy within 3 months of death)

186

Major findings:
Of operations

18

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 000

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb. 2 1946

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Tavern
(Specify type of place)

While at work? (e) Means of injury As above

23. Signature Patrick E Tingle (M. D. or other) 3

Address Dy Date signed 2/12/46

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.