

No. 2  
8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12786**  
Registrar's No. **14**

**FILED** MAY 9 1946  
Registration District No. **112**

Primary Registration District No. **3429**

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Franklin**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. **New Haven Mo R.F.D.** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **LOUIS H SCHROEDER**  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **6** year **1946** hour **12** minute **05 P.** M.  
21. I hereby certify that I attended the deceased from **March 25** 1946 to **April 6** 1946; that I last saw him alive on **April 5** 1946; and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **W**  
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 **53** years  
7. Birth date of deceased **Sept 14 1894** (Month) (Day) (Year)

Immediate cause of death **Carcinomatosis**  
Due to **Carcinoma of Stomach** 1 yr.

8. AGE: Years **48** Months **6** Days **22** If less than one day hr. min.

Due to  
Other conditions (Include pregnancy within 3 months of death) **4/6/46**

9. Birthplace **New Haven** (City, town, or county) **Mo** (State or foreign country)  
10. Usual occupation **Farmer**

Major findings: **Carcinoma of Stomach (Gastroenterostomy)**  
Of autopsy

MOTHER FATHER  
11. Industry or business  
12. Name **Wm Schroeder**  
13. Birthplace **New Haven** (City, town, or county) **Mo** (State or foreign country)  
14. Maiden name **Gertrude Altmeier**  
15. Birthplace **Gertrude** (City, town, or county) **Mo** (State or foreign country)

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 **1**

16. (a) Informant **Wm Louis Schroeder**  
(b) Address **New Haven**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-10-46** (Month) (Day) (Year)  
(c) Place: burial or cremation **Post Hudson, Tenn.**  
18. (a) Signature of funeral director **Wm Bertig, Son**  
(b) Address **New Haven Mo**  
19. (a) **4-7-46** (Date received local registrar) (b) **J L Matthews** (Registrar's signature)

23. Signature **G. W. Held** (M. D. or other) **D. O.**  
Address **New Haven, Mo** Date signed **4/7/46**

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

MAY 16 1946

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 5-8-46

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 Earl Fertog

Licensed Embalmer No. 3385

P. O. Address New Haven, Ct.

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.