

S. No. 2
M-8-13
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

18876

STANDARD CERTIFICATE OF DEATH

State File No. 4405

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County **Saint Louis, Missouri.**
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital.**
(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)

3. (a) PRINT FULL NAME **Frederick Schroeder.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **#####**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years **78** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Liggett & Meyer Tobacco Co.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Anton Schroeder**
13. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Amelia Schlinker**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest L. Schroeder**
(b) Address **Bourbon Missouri.**

17. (a) **Burial** (b) Date thereof **May 16, 1946.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Churchyard.**

18. (a) Signature of funeral director **Ziegenfuss Bros**
(b) Address **6409 Gravois Ave.**

19. (a) **MAY 16 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **St. Louis,**
(c) City or town **Saint Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **2433 McNair Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13th.**
year **1946.** hour **7** minute **30** 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 _____ Duration _____
Due to **Chronic Myocarditis**
Chronic Atherosclerosis
Due to **Septicemia**

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

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

23. Signature **Alfred J. Perry** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **5-16-46**

(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

working under my personal supervision.

Signed

Rex E. Campbell

Licensed Embalmer No. 13881

P. O. Address

St Louis, 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.