

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 31 1948 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4525**

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:
Stone Nursing Home, 4373 W. Pine Blvd. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **5 days** (Specify whether
In this community..... **39 Years**
years, months or days)

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

3. (b) If veteran, name war..... **No** 3. (c) Social Security No..... **None**

4. Sex..... **Female** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Henry Schroeder** 6. (c) Age of husband or wife if alive..... **69** years
7. Birth date of deceased..... **March 18, 1878.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 1 hr. min.

9. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

11. Industry or business.....

12. Name..... **Netzeband 4**

13. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Henry Schroeder**

(b) Address..... **4236 Clarence Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **May 22, 1946.**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Hiram Cemetery.**

18. (a) Signature of funeral director..... **Calvin F. Feutz Funeral Home**

(b) Address..... **4828 Natural Bridge Blvd.**

19. (a) **MAY 20 1948** (Date received local registrar) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **4236 Clarence Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **19th**
year..... **1946** hour..... **3:00** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **5/19/46** to..... **5/19/46**
that I last saw him alive on..... **5/19/46**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Femur fracture**

In the Torrance Fracture L

Post-Traumatic Fracture

Due to..... **Dr. states that deceased**
had recovered from the Interchondral

Other conditions..... **-teric fracture, but her**
(Include any previous condition of death)
General condition failed

Major findings:
Of operations..... **162**

Of autopsy.....

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

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

(b) Date of occurrence..... **10-1-43**

(c) Where did injury occur?..... **Home**
(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?..... **See above** Means of injury..... **fall**

23. Signature..... **Henry Schroeder** (M. D. or other)

Address..... **529 River St.** Date signed..... **5/20/46**

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.....

John A. Minner

Licensed Embalmer No.....

4186

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.