

S. No. 2  
M-543  
V. 5-17-39  
p. 1 X36671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

18878

FILED JUN 18 1946

Primary Registration District No.

1003

Registrar's No.

4786

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: Enroute to City Hospital 3  
(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)

3. (a) PRINT FULL NAME Marie F. Schroeder

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife William H. Schroeder 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased October 5, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 7 22 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Bolivar Owen  
13. Birthplace Unknown Sweden  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown France  
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar W. Schroeder

(b) Address 5401 Robin Ave

17. (a) Burial (b) Date thereof 5/29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 28 1946 (b) Jr. F. Bredick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5943 Era 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 27th  
year 1946 hour 8:50 AM minute..... M.

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

Immediate cause of death..... Duration

Due to.....

Due to.....

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: U

(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?

White at work?..... Means of injury.....

23. Signature Patrick E Taylor (If D or other)

Address 1300 Clark Date 5-28-46

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*Raymond W. Horner*

Licensed Embalmer No.....

*4266*

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.**