

No. 2  
M-2-43  
5-17-39  
X35897

#58347

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22179

FILED JUN 20 1946

1003

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registrar's No. 5004

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  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 4544 Oregon  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN SCHROEDER

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. 488-07-3191

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd  
year 1946 hour 11:30 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5/28/46  
\_\_\_\_\_ 19\_\_\_\_ to 6/2/46 19\_\_\_\_

that I last saw him alive on 6/2/46 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: July 28 1882  
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death: Carcinoma of adrenal gland (ret.)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Busch-Yeast Plant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Schroeder

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

14. Maiden name Elizabeth Dobler

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

16. (a) Informant Elsie Schroeder

(b) Address 4544 Oregon

17. (a) Buerial (b) Date thereof 6/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park  
Wm. Schumacher

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 3013 Menace

19. (a) JUN 4 1946 J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

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

Signature W. W. F. General (M. D. or other) \_\_\_\_\_  
Address 1615 Lafayette Date signed 6/3/46

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

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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 Francis Williamson

Licensed Embalmer No. 3565

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.**