S. No. 2
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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. 6928

FILED MAR 11 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1399

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: 5206 Neosho
(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)

In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1417
(If outside city or town limits, write "RURAL")

(d) Street No. 5206 Neosho 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 8

If yes, name country ----

3. (a) PRINT FULL NAME Mrs. Vina (Peggy) C. Schroeder

3. (b) If veteran, name war ------

3. (c) Social Security No. -----

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Paul Schroeder

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August (Month) 5, (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
68	6	20	hr. min.

9. Birthplace Erie, (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation At Home

11. Industry or business ------

FATHER
12. Name James R. Gordon
13. Birthplace Syracuse, (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Mary E. Fassett
15. Birthplace Buffalo, (City, town, or county) New York (State or foreign country)

16. (a) Informant Mr. Paul Schroeder
(b) Address 5206 Neosho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) FEB 27 1947 (Date received local registrar) (b) J. F. Broeckel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25, year 1947 hour 12: minute 05 A. M.

21. I hereby certify that I attended the deceased from August 15, 1949 to February 25, 1947 that I last saw h. alive on February 23, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
chronic passive congestion	3 mo
Due to chronic endocarditis and	15 yrs
Due to chronic myocarditis	15 yrs
Other conditions (Include pregnancy within 3 months of death) Cancer of breast (not cause of death)	

Major findings:
Of operations 50

Of autopsy

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

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Richard S. Mueller (M. D. or other) MD
Address 6006 Virginia Ave Date signed 2/25/47

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.