DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

Registration District No. 169

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24658

Primary Registration District No. 4258

Registrar's No. 153

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

1. PLACE OF DEATH:
(a) County: Knox
(b) City or town: Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 21
(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: 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Knox 52
(c) City or town: Edina 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Donald Joseph Schroeder
3. (b) If veteran, name war .....
3. (c) Social Security No. 495-28-6077
4. Sex: M 0
5. Color or race: W
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: June (Month) - 14 (Day) - 1928 (Year)

8. AGE: Years	Months	Days	If less than one day
19	1	14	..... hr. ..... min.

9. Birthplace: Early (City, town, or county) Iowa. (State or foreign country) 1
10. Usual occupation: Glove Factory
11. Industry or business .....
FATHER
12. Name: George J. Schroeder
13. Birthplace: Breda (City, town, or county) Iowa. (State or foreign country) 1
MOTHER
14. Maiden name: Catherine Faber
15. Birthplace: Early (City, town, or county) Iowa. (State or foreign country) 1
16. (a) Informant: George J. Schroeder
(b) Address: Edina, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-1947. (Month) (Day) (Year)
(c) Place: burial or cremation: New Catholic Cemetary. Edina, Mo.
18. (a) Signature of funeral director: Keith Hudson
(b) Address: Edina, Mo.
19. (a) July-30-47 (Date received local registrar) (b) Nell A. Wenger (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1947 hour 9 minute 40 P. M.
21. I hereby certify that I attended the deceased from July 26 1947 to July 28 1947 and that I last saw him alive on July 28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 hr 30 m
Due to fractured skull	1 hr 30 min
Due to auto accident	1 hr 30 min
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Auto accident
(b) Date of occurrence: July 28, 1947 52
(c) Where did injury occur? Highway 15 Edina Knox Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #15 - 1 3/4 from Edina City limit (Specify type of place)
While at work? ..... (e) Means of injury: accident
23. Signature: [illegible] (M.D. or other) 2
Address: Edina Date signed 9-29-47

(Licensed Embalmer's Statement on Reverse Side) Ran off Roadway

RECEIVED
District Health Officer No. 10
District File Number 8-47-1024
Date Filed AUG 6 1947

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.