S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

Registrar's No. 8407

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 5156 Vernon Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0 00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5156 Vernon Ave. 9
(If rural, give location)

5

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Catherine Schroeter

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 Widow 2

6. (b) Name of husband or wife Bruno C. Schroeter

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

7. Birth date of deceased April (Month) 25 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	4	5	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Patrick McLaughlin 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Henry
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Miss. Olivia Schroeter
(b) Address 5156 Vernon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 4 1947 (Date received local registrar) (b) J. T. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th year 1947 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 29, 1947, to Aug 30, 1947 that I last saw her alive on 9 45 P.M. 8/29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Heat Exhaustion

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death) 162

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Jos. O. Kessler (M. D. or other)
Address 3504 N 14th Date signed 8-30-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1947

6308 Westminster Place

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.