No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3059
Registrar's No. 618

FILED JAN 30 1948

Registration District No. 818

Primary Registration District No. 1003

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: St. Anthony Hospital
(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

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2845 Osage Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marie 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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 20 1948 (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day hr. 25 min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Anthony Schroeder
13. Birthplace St. Louis Co., (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Julia Gochowalski
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Anthony Schroefer
(b) Address 2845 Osage
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olive Cem.
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) JAN 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th year 1948 hour 12:01 minute P. M.
21. I hereby certify that I attended the deceased from Jan 20, 1948 to death, 19..; that I last saw her alive on Jan 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital anomalies	
(1) Heart: Patent auricular + ventricular septa	
Due to (2) cleft palate	
Due to (3) Hare-lip	
(4) Polydactylism	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy above

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

23. Signature Burchard S Pruett (M. D. or other) MD
Address 6006 Virginia Ave Date signed 1/20/48
Burchard S Pruett

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Frank B. Schneider
B. Pruitt

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 No Embalming Registered Apprentice No. working under my personal supervision.

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address

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.