. No. 2
—1/47
5-17-39

2

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. 33827

FILED OCT 29 1948

Registration District No. 480

Primary Registration District No. 3058

Registrar's No. 209

1. PLACE OF DEATH:

(a) County ST Charles

(b) City or town ST Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Josephs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wk (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST Louis 96

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. Ameling Rd. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Mrs Nellie Schroeder

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Wid. 2

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

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

7. Birth date of deceased July (Month) 25 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
72	2	19	hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name Joseph McCarthy
13. Birthplace Canada (City, town, or county) (State or foreign country) 2

MOTHER
14. Maiden name Ellen O'Donnell
15. Birthplace St Louis Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Wil Herman

(b) Address St Louis Co Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Ortmann F. Home

(b) Address 9222 Lackland Overland Mo

19. (a) 10/22/48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature) 284

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1948 hour minute 210 A M.

21. I hereby certify that I attended the deceased from my 1948, to 14 Oct 1948 that I last saw her alive on 13 Oct 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Carcinoma of Rt Lung	?
Due to	
Other conditions Metastasis to orbs (Include pregnancy within 3 months of death)	

Major findings:
Of operations 47

Of autopsy CA Rt Lung, Metastasis to orbs, absence of neoplasm

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 H E Hengen (M. D. or other)

Address Pattonville Date signed 14 Oct 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number OCT 28 1948
Date Filed

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 Al C Estman

Licensed Embalmer No. 3478

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.