

No. 300
10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38625

FILED NOV 19 1948 818

Registration District No. 1003

Registrar's No. 9748

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

1. PLACE OF DEATH:
(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(c) Name of hospital or institution: 3017 M^{RS} NAIR
(d) Length of stay: In hospital or institution
In this community

3. (a) PRINT FULL NAME NELLIE 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, WIDOW
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH 31 1875

8. AGE: Years 73 Months 7 Days 6
If less than one day: hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation WIDOW

11. Industry or business AT HOME

12. Name EDWARD REARDON
13. Birthplace IRELAND 4
14. Maiden name MARY RYAN
15. Birthplace IRELAND

16. (a) Informant CLAIRE HUBBELER
(b) Address 3017 M^{RS} NAIR

17. (a) BURIAL (b) Date thereof Nov. 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. PETER & PAUL CEM.

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 GRAVOIS ST. LOUIS

19. (a) NOV 9 1948 (b) J. B. Laporte M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(d) Street No. 3017 M^{RS} NAIR 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 7
year 1948 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from October 1948 to 11-7 1948
that I last saw her alive on 11-6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Left Hemiplegia
Due to Senescent arteriosclerosis
Duration 8 1/2 years

Due to
Other conditions (include pregnancy within 3 months of death) 80

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)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Bernard T. Rooney (M. D. or other)
Address 4255 Maryland Park Date signed 11/10/48

41553 Mary
Jan 7 pm

110.5754

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 Harold C. Hill

Licensed Embalmer No. 4347

P. O. Address. 2906 Travis

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.