FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38626

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 16107

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4631 MINNESOTA
(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 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County MONROE
(c) City or town RURAL RD#6
(If outside city or town limits, write "RURAL")
(d) Street No. NR RD#6
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MARY SCHROTH
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 WIDOWED
6. (b) Name of husband or wife HENRY SCHROTH, SR
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MAY (Month) 12 (Day) 1869 (Year)
8. AGE: Years 79 Months 5 Days 8 If less than one day hr. min.
9. Birthplace FREEBURG (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER
12. Name JOHN HERTLEIN
13. Birthplace SWEDEN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name BARBARA NAUKOM
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Wm Tebbenhoff
(b) Address 4631 MINNESOTA ST LOUIS MO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof NOV 22 1948 (Month) (Day) (Year)
(c) Place: burial or cremation WATERLOO ILLINOIS
18. (a) Signature of funeral director Emil Luernheim
(b) Address WATERLOO ILLINOIS
19. (a) NOV 22 1948 (Date received by Registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 20 year 1948 hour 4 minute 15 M.
21. I hereby certify that I attended the deceased from June, 1947 to Nov. 20 1948 that I last saw her alive on Nov. 18 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Spastic Paralysis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 D S Pruitt (M. D. or other)
Address 6006 Virginia Ave Date signed 11/21/48

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

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

S. No. 2
1—1/47
5-17-39

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 Me

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East Hartsdale

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.