

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5-27768  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 146

1. PLACE OF DEATH  
a. COUNTY St Charles  
b. CITY OR TOWN St Charles  
c. LENGTH OF STAY (in this place) 2 weeks  
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo b. COUNTY St Charles  
c. CITY OR TOWN Foristell Mo Cuirre  
d. STREET ADDRESS (If rural, give location) Route 0

3. NAME OF DECEASED  
a. (First) LOUIS b. (Middle) \_\_\_\_\_ c. (Last) SCHROEDER

4. DATE OF DEATH (Month) (Day) (Year)  
8 8 1949

5. SEX M 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 5-1879

9. AGE (In years last birthday) 69 Months 10 Days 2 IF UNDER 1 YEAR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Schroeder

13b. MOTHER'S MAIDEN NAME Louise Stoerker

14. NAME OF HUSBAND OR WIFE Adma Neegressman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME G.H. Schroeder-4029 Perrod ADDRESS St Louis

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Rectum  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Perirectal abscess  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
2 yrs  
2 weeks  
154x

19a. DATE OF OPERATION 8-7-49

19b. MAJOR FINDINGS OF OPERATION Large Carcinoma of Rectum

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 7-25-49, 19  , to 8-8-49, 19  , that I last saw the deceased alive on 8-7-49, 19  , and that death occurred at 12:40 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Russell Glider, M.D.

23b. ADDRESS St Charles, Mo

23c. DATE SIGNED 8-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 8-10-49

24c. NAME OF CEMETERY OR CREMATORY Linn

24d. LOCATION (City, town, or county) (State) Wentzville Mo.

DATE REC'D BY LOCAL REG. 8/18/49

REGISTRAR'S SIGNATURE Russell Glider

25. FUNERAL DIRECTOR'S SIGNATURE T.E. Pitman ADDRESS Wentzville, Mo.

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

RECEIVED  
AUG 19 1949  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*T. C. Pitman*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2711*

P. O. Address *Wentzville, Mo*

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.