

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19023

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4468 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY OR TOWN <u>ST. MARY'S</u>		c. CITY OR TOWN <u>ST. MARY'S</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>GEN. DIL. P.O.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>	b. (Middle) _____	c. (Last) <u>SCHROEDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 7 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 13 1872</u>	9. AGE (In years last birthday) <u>78 7/8</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DEPT AGENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO RR</u>	11. BIRTHPLACE (State or foreign country) <u>MERRITT ILL.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JACOB SCHROEDER</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CHAMBERS</u>	14. NAME OF HUSBAND OR WIFE <u>W. RACE HEIM</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>702-12-8204</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DON SCHROEDER</u> ADDRESS <u>311 N. BROADWAY POPLAR BLUFF MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1st 2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchoectasis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5-210X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 6, 1950, to May 7, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur E. Spencer M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Genevieve Mo</u>	23c. DATE SIGNED <u>May 8/1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 9 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. MARY'S MO</u>
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DATE REC'D BY LOCAL REG. <u>May 11, 1950</u>	REGISTRAR'S SIGNATURE <u>L. D. Keel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Keel</u> ADDRESS <u>St. Genevieve Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0950

RECEIVED

MAY 15 1950

DISTRICT HEALTH OFFICE No. 4

FILE No. 550-693

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Adrian J. Eiler

Signed.....

Student Embalmer

Licensed Embalmer No. 4740

P. O. Address St. Genevieve 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.