

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25851

BIRTH NO. _____		REG. DIST. NO. <u>117</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1808</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Northwoods</u>		c. LENGTH OF STAY (in this place) <u>16</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Northwoods</u>		15			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6629 Barken Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>6629 Barken Avenue</u>				4150	
3. NAME OF DECEASED (Type or Print) <u>FREDERICK</u>		a. (First)		b. (Middle) <u>MAETTEN</u>		c. (Last) <u>SCHROEDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1954</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>March 24, 1938</u>		9. AGE (in years last birthday) <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Frederick W. Schroder</u>			13b. MOTHER'S MAIDEN NAME <u>Mildred Maetten</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred W. Schroder</u>		ADDRESS <u>6629 Barken Ave.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neuroblastoma</u>						INTERVAL BETWEEN ONSET AND DEATH, <u>8 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>1/9/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy 1/9/54; Diag as above.</u>						20. AUTOPSY? <u>193X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Nov. 15, 1953</u> , to <u>July 23, 1954</u> , that I last saw the deceased alive on <u>July 23, 1954</u> , and that death occurred at <u>1:05 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>William W. Grundmann, M.D.</u> (Degree or title)				23b. ADDRESS <u>3118 N. Grand St. St. Louis</u>		23c. DATE SIGNED <u>7/24/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7/24/54</u>		REGISTRAR'S SIGNATURE <u>Robert R. Lamb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H. Inc.</u>		ADDRESS <u>1936 St. Louis Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

Dr. Wm. H. Grundmann
3118 No. Grand Ave.,

JE 3-3334 122 6 5 pm

~~EMBALMER~~

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. None

working under my personal supervision.

Student None
Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.