No. 300
10-48

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42086

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 6050 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Saint Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Portage twnsp.
c. LENGTH OF STAY (In this place): Res.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Alton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: Rural-Portage twnsp
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): West Alton 0920

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Schroeder

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 2, 1863
9. AGE (In years last birthday): 91 — If under 1 year: Months 9, Days 20; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and State or Foreign Country): Prussia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ferdinand Schroeder
13b. MOTHER'S MAIDEN NAME: Maria Timmermeier
14. NAME OF HUSBAND OR WIFE: Mary Schroeder

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: Albertine Schroeder
ADDRESS: West Alton, Mo

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Viral Pneumonia — 12 days
DUE TO (c) Arteriosclerosis — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4-92 X
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) m.:
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* Dec 10, 1954, *to* Dec 22, 1954, *that I last saw the deceased alive on* Dec 22, 1954, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Barnard (Degree or title): MD
23b. ADDRESS: Portage New Sioux
23c. DATE SIGNED: Dec 24/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 24, 1954
24c. NAME OF CEMETERY OR CREMATORY: Saint Francis Cemetery
24d. LOCATION (City, town, or county) (State): Portage des Sioux, Mo.

DATE REC'D BY LOCAL REG.: Dec 24 1954
REGISTRAR'S SIGNATURE: T W Grasser 366
25. FUNERAL DIRECTOR'S SIGNATURE: H. C. Dallmeyer & Son
ADDRESS: St Charles Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 29 1955
FEB 17 1956
JUL 26 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank R. Amalon

Licensed Embalmer No. 4

P. O. Address 14 Cha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.