

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016431
STATE FILE NUMBER

FILED APR 18 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3441

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-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS 170</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	6. CITY OR TOWN <u>ST. LOUIS 149</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>38 D.O.A. CITY HOSPITAL</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>3453 WYOMING</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>RUDOLPH SCHROMM, SR.</u>			4. DATE OF DEATH Month Day Year <u>MAR. 22 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 21 1902</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BEER BOTTLER</u>		11. BIRTHPLACE (City and state or country) <u>AUSTRIA 4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BEER BOTTLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUSCH BREWERY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>RUDOLPH SCHROMM</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF MOTHER OR WIFE <u>EMMA SCHROMM</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-03-3770</u>	17. INFORMANT Address <u>EMMA SCHROMM 3453 WYOMING</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>Arteriosclerosis Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 8/23/57 to 3/15/58 and last saw ^{her}him alive on 3/15/58
Death occurred at 10:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Frede Martensen M.D.</u>	22b. ADDRESS <u>3701 Grandel Sq.</u>	22c. DATE SIGNED <u>3/6/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAR. 26 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New ST. MARCUS</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS 170</u>
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24. GENERAL DIRECTOR <u>Thomas Kute 2906 Gravier</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 25 '58</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith mo m & S.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part 1 must be causally related.

Ne 3-4430

9:20 till 1 P.M. President
3701 Howard St.

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.

Student
Signature of Student Embalmer

Signed *Leif Burdell*

Licensed Embalmer No. *3989*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.