

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026072

STATE FILE NUMBER

FILED JUL 25 1958 Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-MERAMEC		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BARNHART
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY		Length of stay in 1b 17 1/2 yrs	d. STREET ADDRESS (If outside, give location) R.F.D.
3. NAME OF DECEASED (Type or print) First JOHN Middle H. Last SCHROEDER		4. DATE OF DEATH Month JULY Day 11 Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 5, 1873
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) WASHINGTON COUNTY ILL
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JOHN SCHROEDER	
13b. MOTHER'S MAIDEN NAME MARY BECKMAN		13c. NAME OF HUSBAND OR WIFE SINGLE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. INFORMANT NONE Address Bro. Koch, St. Joseph's Hill INFIRMARY	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Occlusion DUE TO (b) MILD ARTERIO SCLEROTIC Cardio Vasculae Disease DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from 2/21/41 to 7/11/58 and last saw him alive on 7/11/58 Death occurred at 10:45 P.M. 7/11/58 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Marder M.D.		22b. ADDRESS St. Joseph's Hill INFIRMARY, ILLINOIS	22c. DATE SIGNED 7/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/14/58	23c. NAME OF CEMETERY OR CREMATORY Local Baptist Cem	23d. LOCATION (City, town, or county) (State) Cedar Hill Mo
24. FUNERAL DIRECTOR Bruner Jim Home		ADDRESS House Springs	25. DATE RECD. BY LOCAL REG. 7-14-58
		26. REGISTRAR'S SIGNATURE Robert E. Bauer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 23 1958

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 

Licensed Embalmer No. 470

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