

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7024 60-028779
STATE FILE NUMBER

FILED VS JUL 22 1960

318

1003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3673a Alberta | | d. STREET ADDRESS (If outside, give location) 3673a Alberta | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First | Middle | Last | Month | Day | Year |
| JOHN NICHOLAS SCHROEDER | | | July 12, 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 18, 1889 | 9. AGE (last birthday) 71 | IF UNDER 1 YEAR Months 3 Days 24 Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Chief Special Agent | | 10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R. | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME William Schroeder | | 13b. MOTHER'S MAIDEN NAME Minnie Wachner | | 14. NAME OF HUSBAND OR WIFE Ida Kittie Rose Schroeder | |

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| 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. 702-05-0040 | 17. INFORMANT Mrs. Ida K.R. Schroeder, 3673 Alberta |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Cerebral apoplexy | | 2 mo. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Hypertension | 2 yrs. |
| | DUE TO (c) 334x | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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 a.m. p.m. Month, Day, Year | 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 |

21. I attended the deceased from MAY 2, 1960 to July 12, 1960 and last saw him alive on July 12, 1960
Death occurred at 1:35 Am on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>V.O. Fish</u> (Degree or title) <u>M.D.</u> | 22b. ADDRESS <u>634 N. Grand</u> | 22c. DATE SIGNED <u>7/12/60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>July 14, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Ambruster Mortuary, 6633 Clayton Rd.</u> | 25. DATE RECD. BY LOCAL REG. <u>JUL 13 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

G.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Fred J. Harne*

Licensed Embalmer No. 4788

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.