

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048185

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3615 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS b. CITY OR TOWN CLAYTON Length of stay in 1b 4 DA. c. CITY OR TOWN MANCHESTER Inside Limits Yes X No 0 d. STREET ADDRESS 266 OLD MERAMEE (if outside, give location) Reside on Farm Yes 0 No X

3. NAME OF DECEASED First August Middle Schroeder Last DATE OF DEATH 12-14-60

5. SEX M 6. COLOR OR RACE W 7. Married X Never Married 0 Widowed 0 Divorced 0 8. DATE OF BIRTH 10/8/1874 9. AGE (last birthday) 76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK 10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS COUNTY 11. BIRTHPLACE (City and state or country) ST. L. COUNTY, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WM. SCHROEDER 13b. MOTHER'S MAIDEN NAME ANNA SCHOTT 14. NAME OF HUSBAND OR WIFE CLARA FINK SCHROEDER

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. 493-36-2099 17. INFORMANT Lester Schroeder, Manchester, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days DUE TO (b) Traumatic chest DUE TO (c)

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. 0 Yes 0 No 0 Unknown

19. WAS AUTOPSY PERFORMED? YES 0 NO X 20a. ACCIDENT 0 SUICIDE 0 HOMICIDE 0 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 s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK 0 NOT WHILE AT WORK 0 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 12-10-60 to 12-14-60 and last saw him alive on 12-14-60 Death occurred at 8:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert J. Vorner, M.D. (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 12-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-16-60 23c. NAME OF CEMETERY OR CREMATORY ST. JOHN 23d. LOCATION (City, town, or county) Manchester, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS SCHROEDER, BALLWIN, MO. 25. DATE RECD. BY LOCAL REG. 12-15-60 26. REGISTRAR'S SIGNATURE J. M. Murphy, M.D.

BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION DOCUMENT

MAR 28 1961

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

Richard Bopp

Licensed Embalmer No. *4584*

P. O. Address *Ballwin,*

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.