

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023138

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6285 STATE FILE NUMBER

AMENDED

GATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

FILED JUL 13 1961

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Saint Louis</u>   |   | Length of stay in 1b<br><u>Life</u>   | c. CITY OR TOWN <u>Saint Louis</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>8500 Partridge Ave.</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>            |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Marie</u> Middle <u>Anna</u> Last <u>Schroeder</u>  |   |   | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>4</u> Year <u>1961</u>   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4/8/98</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  | 9. AGE (last birthday)<br><u>63 years</u><br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |
| 11. BIRTHPLACE (City and state or country)<br><u>Saint Louis, Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   |
| 13a. FATHER'S NAME<br><u>Henry H<sup>U</sup>elsebusch</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Josephine Epert</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Otto C. Schroeder</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br><u>Mr. Otto C. Schroeder, 8500 Partridge Ave.</u><br>Address   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arterio Sclerotic Heart Disease</u><br>DUE TO (b) <u>Arterio Sclerosis</u><br>DUE TO (c) <u>4200</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 yrs.</u><br><u>5 yrs.</u>  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour <u>10:30</u> a.m. p.m.<br>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 <u>Oct. 1958</u> to <u>July 4, 1961</u> and last saw her <u>July 4, 1961</u> alive on<br>Death occurred at <u>10:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE<br><u>M. J. Houch</u> (Degree or title) <u>MD</u>  |   | 22b. ADDRESS<br><u>8902 Revere Blvd</u>   | 22c. DATE SIGNED<br><u>7-5-61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>7/7/61</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Missouri.</u>   |
| 24. FUNERAL DIRECTOR<br><u>CALVIN F. FEUTZ, 4828 NATURAL BRIDGE BLVD.</u><br>ADDRESS  |   | 25. DATE RECD. BY LOCAL REG.<br><u>JUL 6 1961</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u>  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.

Dr. Honich  
8902 Riverview Blvd.

No formal show,