

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009410

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 575

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 2 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		Length of stay in 1b <b>3 weeks</b>	c. CITY OR TOWN <b>Lafe</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6461 San Bonita Ave.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>None</b>
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>E?</b> Last <b>SCHROEDER</b>			4. DATE OF DEATH Month <b>February</b> Day <b>16,</b> Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/4/70</b>
9. AGE (last birthday) <b>91 yrs.</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Luth. Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lutheran Synod</b>	11. BIRTHPLACE (City and state or country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>John Schroeder</b>	
13b. MOTHER'S MAIDEN NAME <b>Caroline Mardorf</b>		14. NAME OF HUSBAND OR WIFE <b>Louise Schroeder</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Caroline Buhse, Wayne, Michigan</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease - Ch. Myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>General &amp; cerebral arteriosclerosis</b>			<b>2 weeks</b>
DUE TO (c) <b>Cerebral thrombosis</b>			
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
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 <b>4-7-61</b> to <b>2-16-62</b> and last saw him alive on <b>2-16-62</b> . Death occurred at <b>12:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Theo. H. Hansen, M.D.</b> (Degree or title)		22b. ADDRESS <b>3701 Grandel Sq.</b>	22c. DATE SIGNED <b>2/17/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2-17-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Glen Eden Cemetery</b>	23d. LOCATION (City, town, or county) <b>Farmington, Michigan</b>
24. FUNERAL DIRECTOR <b>Beiderwieden F.H.Inc., 1936 St. Louis (6)</b>		25. DATE RECD. BY LOCAL REG. <b>2-17-62</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>

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Dr. Henry W. ...  
3701 ...

**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. 4520  
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.