

Shroeder, James E 1917 - 1917

FORM V. S. 1-100 (1-10-17)

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Newton  
Vol. D  
Ine. Town  
City Covington (No. 2013 Paradise St. 6 Ward) File No. 20150  
Registration District No. 580 Registered No. 753  
Primary Registration Dist. No. 2790

FULL NAME James E. Shroeder  
(If death occurred in a hospital or institution, give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>Male</u>	2 COLOR OR RACE <u>White</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write in word) <u>Single</u>	10 DATE OF DEATH <u>July 11</u> , 1917 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>July 6</u> , 1917, to <u>July 11</u> , 1917, that I last saw him alive on <u>July 11</u> , 1917, and that death occurred, on the date stated above, at <u>St. Mary's</u> . The CAUSE OF DEATH* was as follows: <u>Patent Examen's Male</u> (Cause) (Duration) ..... yrs. .... mos. .... ds.
4 DATE OF BIRTH <u>July 16</u> , 1917 (Month) (Day) (Year)	7 AGE ..... yrs. .... mos. .... ds. If LESS than 1 day..... hrs. or..... min.?	5 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Infant</u>	11 NAME OF FATHER <u>Charles C. Schroeder</u>	
6 BIRTHPLACE (State or country) <u>Covington, Ky.</u>	12 NAME OF MOTHER <u>Anna Zundick</u>	8 BIRTHPLACE (State or country) <u>Covington, Ky.</u>	13 MAIDEN NAME OF MOTHER <u>Anna Zundick</u>	
9 BIRTHPLACE (State or country) <u>Covington, Ky.</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>A. J. Eitel</u> (Address) <u>404-E-17 St.</u>	10 NAME OF FATHER <u>Charles C. Schroeder</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Covington, Ky.</u>	
	15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>A. J. Eitel</u> (Address) <u>404-E-17 St.</u>	12 NAME OF MOTHER <u>Anna Zundick</u>	13 MAIDEN NAME OF MOTHER <u>Anna Zundick</u>	
	16 FILED <u>July 11, 1917</u> <u>J. B. Schumaker</u> REGISTRAR	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>A. J. Eitel</u> (Address) <u>404-E-17 St.</u>	15 BIRTHPLACE OF MOTHER (State or country) <u>Covington, Ky.</u>	
		15 BIRTHPLACE OF FATHER (State or country) <u>Covington, Ky.</u>	16 MAIDEN NAME OF MOTHER <u>Anna Zundick</u>	
		16 MAIDEN NAME OF MOTHER <u>Anna Zundick</u>	17 BIRTHPLACE OF MOTHER (State or country) <u>Covington, Ky.</u>	
		17 BIRTHPLACE OF MOTHER (State or country) <u>Covington, Ky.</u>	18 LENGTH OF RESIDENCE (For hospitals, institutions, transients or recent residents) At place of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds. Where was disease contracted, if not at place of death? Former or usual residence .....	
		18 LENGTH OF RESIDENCE (For hospitals, institutions, transients or recent residents) At place of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds. Where was disease contracted, if not at place of death? Former or usual residence .....	19 PLACE OF BURIAL OR REMOVAL <u>St. Mary's</u> 20 UNDERTAKER <u>J. Schroeder, Father of child</u>	
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11-2104