

JAN 21 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39516

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph (No.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1433
St. Ward)

2. FULL NAME

Philip Schroer
(a) Residence No. 2405 Monterey St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Christina

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-9-1830

7. AGE

YEARS MONTHS DAYS
98 11 8
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work leaves
(b) General nature of industry, business, or establishment in which employed (or employer) retiree 20 yrs
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Ueckhaard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Buchanan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Germany

14.

INFORMANT J.P. Schroer
(Address) 2405 Monterey St.

15.

FILED 19 1928
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 16, 1928
that I last saw him alive on Dec 16, 1928, and that death occurred, on the date stated above, at 12 Middle St

THE CAUSE OF DEATH* WAS AS FOLLOWS:

pneumonia

107A / OTW
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? exam
(Signed) J.P. Schroer, M. D.
12/18, 1928 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt More Cem DATE OF BURIAL 12/19 1928

20. UNDERTAKER J.L. Stingley ADDRESS 2116 So 10th St.

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAINTAIN RESERVED FOR BINDING

V. S. No. 2.

