

APR 11 1936

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

Do not use this space.

12405

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City *St. Louis* (No. *2104^a*)File No. **2369**Registered No. **2369**

St. Ward)

2. FULL NAME

(a) Residence, No. *2104^a John Ave* 9 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Annice Schroer*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 19 1877*

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<i>63</i>	<i>8</i>	<i>12</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Hamster</i>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i></i>	
	10. Date deceased last worked at this occupation (month and year).....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson City, Mo*13. NAME *John A. Schroer*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Not known*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT (ADDRESS) *Annice Schroer 2104^a John Ave*18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *March 4, 1936*19. UNDERTAKER (ADDRESS) *Fly Lidner & Co. 1417 N. Market St.*20. FILED **MAR 3 1936** *J. Bredlich* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 2, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Mar. 2, 1936* to *Mar 2, 1936*I last saw h.a.t.f. alive on *Mar 2, 1936* Death is saidto have occurred on the date stated above, at *9:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onsetOther contributory causes of importance: *Acute Indigestion*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify *H. W. Lehmer*(Signed) *H. W. Lehmer* M. D.(Address) *1511 E. Grand Bl.*

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.

of the ...
3512 ...
1-2-07

Dr. Williams
3512 Palm St