

REC'D MAY 10 1938

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

13158

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **7800 Northbroadway** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3762**

2. PRINT FULL NAME

Walter F. Schroer 660

(a) Residence, No. **7800 No Broadway** St. **8**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

 5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret Riletrey Franke**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1st 1904**
 7. AGE YEARS **33** MONTHS **11** DAYS **/9** IF LESS THAN 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bartender**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

 12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**
13. NAME **Frank W Schroer**
 14. BIRTHPLACE (CITY OR TOWN) **St Louis**
 (STATE OR COUNTRY) **Missouri**
15. MAIDEN NAME **Dolly Smith**
 16. BIRTHPLACE (CITY OR TOWN) **St Louis**
 (STATE OR COUNTRY) **Missouri**

 17. INFORMANT **Mrs Margaret Schroer**
 (ADDRESS) **7800 No Broadway Ave**

 18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary** DATE **April 23 38**

 19. FUNERAL DIRECTOR **Stroot - Carroll**
 (ADDRESS) **4600 Natural Bridge Ave**

 20. FILED **APR 22 1938**
J. D. Bredek
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 20th 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **6/30**, 19**37** to **4/19**, 19**38**

 I last saw **1m** alive on **4/19/38**. Death is said to have occurred on the date stated above, at **10am** m.

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

Cirrhosis liverDate of onset **6/30/37**

Other contributory causes of importance:

Anaerobae
 Name of operation **None** Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **No**

 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? **No**
 If so, specify.....

 (Signed) **W. F. Schor**, M. D.
 (Address) **8321 N. Broadway**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Frank J. Street

Licensed Embalmer No. 2265

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.)