

RECD. APR 12 1939

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

8329
Do not use this space.

791
1008

Registered No. 2094

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St Louis (d) Street No. 4228 De Soto 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.

2. PRINT FULL NAME 1620 Fred Schroer

(a) Residence, No. 4228 De Soto St. 10
(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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Berger Schroer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28th 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 2 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Fireman
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 Schroer

14. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Bertha Hilker

16. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Martha Schroer
(ADDRESS) 4228 De Soto Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE March 7th 1939

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

20. FILED MAR 4 1939
J. B. ...
Lic. Embalmer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from August 9 1938 to March 4 1939
I last saw him alive on March 4 1939. Death is said to have occurred on the date stated above, at 3.30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute gastritis with aortic aneurism caused by improper diet
Other contributory causes of importance: Chronic Myocarditis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? None

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
(Signed) Dr. R. C. Gauss
(Address) 4337 9 St. Louis

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2265

P. O. Address.....

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 this body is not embalmed, above space should be left blank.