

S. No. 2
4-13-40
5-17-39
PI X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11968
Registrar's No. 650

APR 9 1941

Registration District No. 784 Primary Registration District No. 113

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Florissant, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULLNAME Bernard John Stroer.
(b) If veteran, name war no (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Stroer
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June 25, 1862.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 29 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John B. Stroer

13. Birthplace Holland
(City, town, or county) (State or foreign country)

14. Maiden name Angela Behlmann

15. Birthplace Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Stroer

(b) Address Florissant, Mo.

17. (a) Burial (b) Date thereof Mar. 26/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) Mar. 25 1941 (b) Jos. W. Clark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County St. Louis
(c) City or town Florissant, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1089 Hyatt St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 22
year 1941 hour 5.00 minute A.M. M.

21. I hereby certify that I attended the deceased from 3/24, 1941, to 3/22, 1941,
that I last saw h. im alive on 3/21, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Influenza

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 3/20/41
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____

23. Signature Leo Shropes (M. D. or other) M.D.
Address 3/22 / 41 - Ferguson, Mo.

Dr. Hughes
Ferguson, Mo.

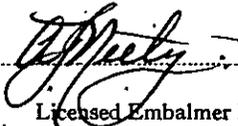
STATEMENT BY LICENSED EMBALMER

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. 3225.

P. O. Address 1125 Hodiament Ave.,

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, fact should be so stated above.