

JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16987

State File No. 4505

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DePaul Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
60 Years. (Specify whether years, months or days)

In this community.....

3. (a) PRINT FULLNAME Henry B. Schroer

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife..... Margaret Schroer

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 11, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	3	17	hr. min.
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9. Birthplace..... Jefferson City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired Woodworker

11. Industry or business.....

MOTHER FATHER { 12. Name John A. Schroer

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

14. Maiden name..... Catherine Schoemaker

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

16. (a) Informant..... Mrs. Mary Donley

(b) Address..... 2106a Linton Ave.

17. (a) Burial (b) Date thereof 5/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director.....

(b) Address..... 2117 E. Grand Blyd.

19. (a) MAY 29 1941 (b) J. W. Grodek
(Date filed for local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL") 917

(d) Street No. 2106a Linton Ave.
(If rural, give location) 7

(e) If foreign born, how long in U. S. A.?..... 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1941 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1938,
....., 19....., to May 28, 1941;
that I last saw him alive on May 28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Occlusion Duration 12 hrs

Due to..... arteriosclerotic Heart Disease 3 yrs

Due to.....

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

Major findings: none

Of operations.....

Of autopsy..... none

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)..... none

(b) Date of occurrence..... none

(c) Where did injury occur?..... none
(City or town) (County) (State)

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

23. Signature..... M. Stachler (M. D. or other) MD

Address..... 7124 Natural Bridge Date signed..... 5-29-41

M. J. Stacks
7124 Nat. Bridge
Ex. 7117 -

mmmm

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 *Frank A. Stone*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.