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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26700

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6492

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
1804 Elliot Ave
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 1804 Elliot Ave
(If rural, give location)

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

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3. (a) PRINT FULL NAME Joseph F Schroer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 3 (Day) 1875 (Year)

8. AGE: Years 66 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired Groser

11. Industry or business

MOTHER FATHER

12. Name Joseph Schroer

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Anna Horak

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Gertrude Schroer

(b) Address 1804 Elliot Ave 1941

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 18 Th (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Edward Tech

(b) Address 3516 N 14 Th Str

19. (a) AUG - 8 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th year 1941 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 30, 1941, to Aug 7, 1941; that I last saw him alive on Aug 7, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	2 hrs.
Due to: Chronic myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John C Greene (M. D. or other) D

Address 2504 N. 14th St Date signed 8-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Fenway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.