. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4806

Registration District No. 318 | Primary Registration District No. L 1003 | Registrar's No. 1574

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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: Faith Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community Since Birth

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 2 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4059 Lee Avenue
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VAL A. SCHROEER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Annabel (nee Ballesty)

6. (c) Age of husband or wife if living 45 years

7. Birth date of deceased August (Month) 8, (Day) ~~1844~~ 1894 (Year)

8. AGE: Years 50 | Months 6 | Days 7 | If less than one day hr. min.

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

10. Usual occupation Bartender

11. Industry or business

FATHER
12. Name Val A. Schroeer
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Katherine Kraus
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Annabel Schroeer
(b) Address 4059 Lee Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hills Garden

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) FEB 17 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1945 hour 6 minute 55 A M.

21. I hereby certify that I attended the deceased from 2-14-, 1945, to 2-15-, 1945; that I last saw him alive on 2-14-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	24 hrs.
Due to: Trachea-oesophageal Fistula	5 yrs
Due to: Laryngeal Polyp 1	?
Other conditions (Include pregnancy within 3 months of death): Old Pulmonary Tbc., Bilat.	?

Major findings:
Of operations 1 3
Of autopsy Same as above

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 Nicholas S. Vitale (M. D. or other) MD
Address 3861 St. Louis Ave. Date signed 2/16/45

(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 Gustav W Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

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.