S. No. 2
M—5-43
. 5-17-39
I X3657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4839

FILED MAR 8 1946

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 51

1. PLACE OF DEATH: CIRARPEAU

(a) County Cape Co.

(b) City or town Cape Girardeau Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital

(If not in hospital or institution, write street number or location)

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

In this community all of life

2. USUAL RESIDENCE OF DECEASED: 10c

(a) State Missouri (b) County Scott 5

(c) City or town Sikeston 2

(If outside city or town limits, write "RURAL")

(d) Street No. 104 W. North St. 1

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Steve A. Schroff

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 11 (Day) 1899 (Year)

8. AGE: Years 47 Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation Parts man

11. Industry or business Ford Motor Co.

FATHER
12. Name Will Schroff
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Laura Hinkle
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mother
(b) Address Sikeston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Orville Taylor
(b) Address Sikeston, Mo.

19. (a) 2-9-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1946 hour 12 minute 40 a. M.

21. I hereby certify that I attended the deceased from Jan. 28, 1946, to Feb. 2, 1946 that I last saw him alive on Feb. 2, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage	
Due to Cancer of Neck	
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 G. A. Reynolds M.D. (M. D. or other)
Address 826 Themis, Cape Girardeau Mo. Date signed 7 Feb. 46

(Licensed Embalmer's Statement on Reverse Side)

44

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

3860

RECEIVED

District Health Officer No. 4

District File Number 346-1780

Date Filed 3-6-46

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 W. C. Croy

Licensed Embalmer No. 4399

P. O. Address Poplar Bluff

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.