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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11512

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2872**

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

(d) Length of stay: In hospital or institution 1/2 day (Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 080

(c) City or town St. Louis 2417
(If outside city or town limits, write "RURAL")

(d) Street No. 2302 Miami Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mr. Arthur H. Schroeter

3. (b) If veteran, name war..... 3. (c) Social Security No. 494-01-1783

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 February 7, 1886
(Month) (Day) (Year)

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

61	1	9	hr. min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Vice President

11. Industry or business Schroeter Coal Company

MOTHER FATHER { 12. Name Charles Schroeter

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

14. Maiden name Anna Erck

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

16. (a) Informant Mrs. Max J. Karch

(b) Address 2302 Miami Street

17. (a) Burial (b) Date thereof Mar. 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAR 18 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1947 hour 8: minute 45 A. M.

21. I hereby certify that I attended the deceased from March 2, 1947, to March 16, 1947
that I last saw him alive on March 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Heart Disease Duration 3 weeks

Due to Arteriosclerosis 10 years

Due to Hypertension of heart 10 years

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations.....

Of autopsy Thrombosis of Left Arterio Coronary - Descending branch

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) Means of injury.....

23. Signature Victor P. Robbins (M. D. or other) M.D.
Address 5203 Clippard Street Date signed 3/17/47

Dr. Victor F. Kloepper
5203 Chippewa Street

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.....

Heath Paulson

Licensed Embalmer No.....

4114

P. O. Address.....

1926 St. Louis 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.