

No. 300  
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5-17-39  
-I 3906

FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics  
FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24718

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6923**

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

(d) Length of stay: In hospital or institution two weeks  
(Specify whether in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis <sup>96</sup>

(c) City or town Overland <sup>13</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 2959 Endicott <sup>1</sup>  
N.R. (If rural, give location)

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

3. (a) PRINT FULL NAME THOMAS C. SHROYER

3. (b) If veteran, name war No

3. (c) Social Security No. 497-05-4262

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5  
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept  
1947 to Aug 5, 1948  
that I last saw him alive on Aug 5, 1948  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Lillian

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Nov 8 1897  
(Month) (Day) (Year)

Immediate cause of death

Hypertension, Essential  
Coronary artery disease

Due to.....

Due to.....

Duration
<u>20</u>
<u>25</u>

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

50 8 27 hr. min.

9. Birthplace Memphis Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business Frum - Calross Coal Co.

12. Name Joseph W Shroyer

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

14. Maiden name Mamie Martin

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

16. (a) Informant Joseph W Shroyer

(b) Address 2959 Endicott

17. (a) Burial (b) Date thereof 8-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Lebanon Cemetery

18. (a) Signature of funeral director Samuel Brothers Inc

(b) Address 2504 Woodson Overland Mo

19. (a) AUG 6 - 1948 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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) (e) Means of injury.....

23. Signature Sam F. Peay (M. D. or other) MD  
Address 3720 Washington Date signed 8/14/48

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

MOTHER FATHER

*St Lukes*

Mr. Edwin Beard  
Brammont Rd.  
Mrs 1-5 P.M.  
Ed. Travis.

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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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland (14) 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.**