U. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1949

State File No. 41823

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 11104

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 3820 N. 25th
(If rural, give location)

(e) Citizen of foreign country? 20 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Daniel George Schroer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 9 (Day) 1947 (Year)

8. AGE: Years 1 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Barney Schroer
13. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Schlueter
15. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Barney Schroer
(b) Address 3820 N. 25th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Edw Koch and Son
(b) Address 3516 Jr. 14th

19. (a) DEC 23 1948 (Date received local registrar) (b) J. B. Lassater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1948 hour 12 Noon ~~minute~~ M.

21. I hereby certify that I attended the deceased from 5-8-48, 19, to 12-22-48, 19;
that I last saw him alive on Dec 22 (?) 8:30 AM, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Bronchopneumonia	18 Days
Due to —	
Due to —	
Other conditions MARASMUS (Include pregnancy within 3 months of death)	

107

Major findings:
Of operations

Of autopsy Autopsy PERFORMED AT St. JOHN'S HOSPITAL 12-22-48

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 Ernest L. Caffin M. D. George A. Collodi M. D. (M. D. or other)
Address 4500 Olive St. St Louis Missouri Date signed 12-23-48

(Licensed Embalmer's Statement on Reverse Side)

embalmer separate cert filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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