

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22612

**MAILED** JUL 15 1952

State File No. ....

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5940**

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		27.3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5 N. 9th St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Herman</b> b. (Middle) <b>J.</b> c. (Last) <b>Schorer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unknown</b>	8. DATE OF BIRTH <b>About 1882</b>
9. AGE (In years last birthday) <b>70<sup>2</sup></b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Bottler</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Bottler</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Unknown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>489699-71958</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Thomas M. Brady, P.A., St. Louis, Mo.</b>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Coronary Occlusion</b>  DUE TO (c) <b>Coronary Sclerosis</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>19<sup>19</sup></b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:00<sup>1</sup></b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Patrick E. Taylor, M.D.</b>		23b. ADDRESS <b>1390 Clark</b>	23c. DATE SIGNED <b>6/25/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-25-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>JUN 25 1952</b>	REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd</b>	

(Licensed Embelmer'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

working under my personal supervision

Student .....

*Not Embalmed*

Student Embalmer No. ....

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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.