

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41741**

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2800**

1. PLACE OF DEATH a. COUNTY St. Louis, Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Manchester	c. LENGTH OF STAY (in this place) 3 yr.	c. CITY OR TOWN Manchester	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home		e. STREET ADDRESS (If rural, give location) Manchester Pine Crest Nursing Home, Missouri	

3. NAME OF DECEASED (Type or Print) a. (First) Sam	b. (Middle)	c. (Last) Schroyer	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Mar. 31 1875	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder (retired 20 yrs)	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and State or Foreign Country) Hunington Indiana	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Bessie Schroyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Meral Schroyer ADDRESS 4304 N. 11th St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs. 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dehation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Bronchial asthma		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4222
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-19-1951**, to **10/30 1953**, that I last saw the deceased alive on **10/29 1953**, and that death occurred at **4:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Schrieber, M.D. (Degree or title)	23b. ADDRESS Kirkwood 21, Mo.	23c. DATE SIGNED 10/30/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 31, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 10/30/53	REGISTRAR'S SIGNATURE Hebert B. Scott, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Suedmeyer & Sons Undt. Co. ADDRESS 3934 N. 20th St.
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(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Justin W. Dietrich*.....

Licensed Embalmer No. *4329*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.