

STANDARD CERTIFICATE OF DEATH

6869  
State File No. 1386  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

FILED MAR 4 1954

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5858 Lotus Ave.			
d. STREET ADDRESS 5858 Lotus Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) B. c. (Last) Stroer		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1954	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24 1903
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting Contractor	11. BIRTHPLACE (City and State or Foreign Country) Florissant Mo.
10b. KIND OF BUSINESS OR INDUSTRY Building		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Bernard Stroer		13b. MOTHER'S MAIDEN NAME Anna Forsting		14. NAME OF HUSBAND OR WIFE Mary Stroer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 496-36-5839		17. INFORMANT'S SIGNATURE OR NAME Mary R. Stroer	
				ADDRESS 5858 Lotus Ave.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>H.C.V.D. - Cardiac Decompensation</u> DUE TO (c) <u>A.S.H.D. -</u>		<u>3 mos.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3 years.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>4200</u>	

22. I hereby certify that I attended the deceased from 5-22, 1950, to 2-11, 1954, that I last saw the deceased alive on 2-10, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>3861 St. Louis Ave. St. Louis Mo</u>		23c. DATE SIGNED <u>2/13/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 2/15/54		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS Sullivan's 2849 N. Euclid Ave.	

DATE REC'D BY LOCAL REG FEB 15 1954		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 414

P. O. Address St. Louis

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.