

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022204

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4807** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 17 1963	
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb D.O/A.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) 4425 Blair Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mearl H Schroyer	
4. DATE OF DEATH Month Day Year May 2 1963	
5. SEX male	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-2-1910
9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man (Disabled)	10b. KIND OF BUSINESS OR INDUSTRY Blue Line Chemical Co
11. BIRTHPLACE (City and state or country) Alton, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Samuel Schroyer	13b. MOTHER'S MAIDEN NAME Bessie Fritts
14. NAME OF HUSBAND OR WIFE not stated	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Yes 2nd World War)	16. SOCIAL SECURITY NO. _____
17. INFORMANT Mrs. Bessie Taylor, 4425 Blair Avenue	Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis DUE TO (b) _____ DUE TO (c) 002.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 430 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Helen L. Taylor Coroner	22b. ADDRESS 1940 Clark Ave.
22c. DATE SIGNED 5-3-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 4 1963
23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., ADDRESS 2161 E. Fair Av	25. DATE RECD. BY LOCAL REG. MAY 3 1963
26. REGISTRAR'S SIGNATURE Loed Smith, M.D.	

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED DOCUMENT ITEM NO. SHOULD READ BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 Edward W. Katz
Licensed Embalmer No. _____

P. O. Address 3737
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.