

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County _____
Township _____
or
Village _____
or
City St. Louis (NO. 1520 N. Euclid Ave. 76 Ward)

Registration District No. 791 File No. 21748
Primary Registration District No. 1003 Registered No. 5623

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Bruno O. Schroeter Sr.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widowed</u>
DATE OF BIRTH <u>June 25, 1827</u> (Month) (Day) (Year)		
AGE <u>84 yrs. 7 mos. ds.</u>		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Director of Schroeter Bros. Hdw. Co.</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Germany</u>		
PARENTS	NAME OF FATHER <u>Dont Know</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>	
	MAIDEN NAME OF MOTHER <u>Dont Know</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
June 25, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 23, 1912, to June 25, 1912, that I last saw him alive on June 24, 1912, and that death occurred, on the date stated above, at 5:29 a.m.

The CAUSE OF DEATH* was as follows:
Oedema of lungs.

59
132A
127B
(Duration) ___ yrs. ___ mos. 2 ds.

Contributory Diabetes Mellitus
(SECONDARY)
(Duration) ___ yrs. ___ mos. ___ ds.
(Signed) Louis H. DeRosier M. D.
June 25, 1912 (Address) Miss Beag

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?
Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar Schroeter
(ADDRESS) 1520 N. Euclid Ave

PLACE OF BURIAL OR REMOVAL
Bellefontaine
DATE OF BURIAL
7-27, 1912
UNDERTAKER
Kullen Kelly
ADDRESS
2735 Cass Ave

Filed JUN 25 1912 Max G. Stackloff
REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

FULLY RECORDED IN THE CITY OF ST. LOUIS, MISSOURI
 FILED IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS
 ON THE 21st DAY OF AUGUST 1912

PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis

Registration District No. 791

File No. 21748

Primary Registration District No. 1003

Registered No. 5629

(NO. 1520 N. Euclid Ave. St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Bruno O. Schroeter, Jr.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

DATE OF DEATH _____ 191____
(Month) (Day) (Year)

DATE OF BIRTH June 25, 1827
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 23, 1912, to June 25, 1912, that I last saw him alive on June 24, 1912, and that death occurred, on the date stated above, at 5:23 a.m.

AGE 84 yrs. 7 mos. 7 ds. if LESS than 1 day, hrs. or mins.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Director, Schroeter Bros. Hardware Co.
 (b) General nature of industry, business, or establishment in which employed (or employer)

Oedema of Lungs
(Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) Germany

Contributory Nephritis Debatilis
(SECONDARY) (Duration) yrs. mos. ds.

NAME OF FATHER Not known

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

MAIDEN NAME OF MOTHER Schroeter

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

(Signed) _____ M. D. _____, 191____ (Address) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

(Informant) Oscar Schroeter
 (ADDRESS) 1520 N. Euclid Ave.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

Filed AUG 21 1912 191____
Max Starkloff
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Bellefontaine DATE OF BURIAL June 27, 1912
 UNDERTAKER Center Kelly ADDRESS 2731 Louisa

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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