

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

Do not use this space.

**24683**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... **St Louis** (No. **City Hospital**)

File No. ....  
Registered No. **6084**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **4874 Anderson St.** Ward. **1**

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emily Schroyer**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 14<sup>th</sup> 1898**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **35 4 25**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Insurance Agent**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Continental Ins Co.**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

MOTHER FATHER 13. NAME **Herman Schroyer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Elisabeth Fortschueider**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

17. INFORMANT **Emily Schroyer**  
(ADDRESS) **4874 Anderson St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem** DATE **July 12, 1933**

19. UNDERTAKER **Edward Koch**  
(ADDRESS) **354 1/2 St**

20. FILED **J. J. 1933**  
**J. J. Bredsk**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9, 1933**

2. I HEREBY CERTIFY, That I attended deceased from **6-11-33**, to **6-25-33**

I last saw him alive on **6-25-33** Death is said to have occurred on the date stated above, at **8:30 p.m.**

The principal cause of death and related causes of importance were as follows:

**Bilateral Tuberc**  
**105 Pneumonia**  
Date of onset **6/10/33**

Other contributory causes of importance: **37**

Name of occupation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify **E. A. Lonsche**, M. D.

(Signed) **E. A. Lonsche**, M. D.

(Address) **4885 Natural Bridge**

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.

MAY 19 1945