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.

MAR 12 1936

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

791

Do not use this space.

8514

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. 1003

City St. Louis (No. Deaconess Hospital - Oakland Avenue St. ..... Ward)

File No. ..... Registered No. 2214

2. FULL NAME Henry Herman Schroerluke

(a) Residence, No. 1255 Sylvester St. Webster Groves Ward Mo. N.R.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred -- yrs. -- mos. 21 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXXX~~ Caroline Dorothea Maurer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Retail Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) New Bremen (STATE OR COUNTRY) Auglaize County, Ohio

FATHER

13. NAME Henry Herman Schroerluke

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

MOTHER

15. MAIDEN NAME Sophie Heitkamp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near New Bremen Auglaize County, Ohio

17. INFORMANT Caroline Schroerluke (ADDRESS) 125 Sylvester, Webster Groves, Mo.

18. ~~BURIAL, CREMATION~~ OR REMOVAL to PLACE Bremem Ohio DATE Feb. 29, 1936

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 2501 Lafayette

20. FILED FEB 28 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/6, 1936, to 2/26, 1936

I last saw him alive on 2/26, 1936. Death is said to have occurred on the date stated above, at 5:30 A.m.

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

Uremia

Operation of Hypertrophy of Prostate — Date of onset 2/24/36

Other contributory causes of importance:

Chronic Nephritis

Name of operation Prostatectomy Date of 2/22/36

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? No

If so, specify

(Signed) Leo Bartels, M. D.

(Address) 650 Century Bldg