

MAR 3-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 526 Fassen Street)

File No. 8647
Registered No. 2107
St. _____ Ward _____

2. FULL NAME Victor Troeger

(a) Residence, No. 526 Fassen St., 15 Ward.

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
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) Germany

13. NAME Frederick Troeger

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

15. MAIDEN NAME Frieda Longheimer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Edward Troeger (ADDRESS) 526 Fassen St., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE Feb. 20, 1937

19. UNDERTAKER C. Hoffmeister Und. & Livery Co. (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FEB 20 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1935, to Feb 18th, 1937
I last saw him alive on Feb. 18th, 1937. Death is said to have occurred on the date stated above, at 2:00a m.

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

Arterio Sclerosis
Myocarditis (chronic)
Date of onset _____

Other contributory causes of importance: 930

Name of operation _____ Date of _____

What test confirmed diagnosis? Q. finding Was there an autopsy? _____

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 _____

(Signed) Frank Schwan, M. D.

(Address) 5530 Chippewa Ave.

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.

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11-12 a.m.