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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18373

Township ..... Primary Registration District No. 1003 Registered No. 4949

City St. Louis, (No. St. Anthony Hospital St. ..... Ward)

2. FULL NAME Mary Schroer

(a) Residence, No. 2235 So. 18th St. St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) April 2, 1884.

7. AGE: YEARS 53 | MONTHS 1 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Jan 10-1937

11. Total time (years) spent in this occupation 25 years

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

FATHER

13. NAME Albert Schroer

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

MOTHER

15. MAIDEN NAME Helen Holthaus

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

17. INFORMANT (ADDRESS) Mrs. Clara Reese 2634 Ohio Av.

18. BURIAL, CREMATION, OR REMOVAL
SS. PLACE Peter and Paul Cem. DATE May 17, 1937

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co. 2630 Gravois Ave.

20. FILED MAY 16 1937 19 J. F. Bredesh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937, to May 13, 1937

I last saw her alive on May 13, 1937. Death is said to have occurred on the date stated above, at 7:30 P.m.

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

General Carcinomatosis
Primary seat in breast — Date of onset Jan 1935

50

Other contributory causes of importance:
Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) L. A. Paul Stein, M. D.

(Address) 2711 Gravois

Dr Stein