

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22621
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City ST LOUIS, MO. (d) Street No. City Hospital #1 Registered No. 8675
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

EMMA SCHROYER
 (a) Residence, No. 3801 GRAVOIS St. 16 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) SEPT 23, 1917
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 11 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. N/A
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) FRIENDSVILLE
 (STATE OR COUNTRY) MARYLAND

13. NAME JAMES SCHROYER
 14. BIRTHPLACE (CITY OR TOWN) MARYLAND
 (STATE OR COUNTRY)

15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS ALICE SPEER
 (ADDRESS) GIRLS PROTECTION ASSN. 613 AUGUST ST.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE FRIENDSVILLE, MD. DATE 9-18 1937

19. FUNERAL DIRECTOR MULLEN BROS.
 (ADDRESS) 4259 HINDALL BLVD.

20. FILER J. F. BRIDGEMAN
 (ADDRESS) SEP 16 1937 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 11 1937

22. I HEREBY CERTIFY, That I attended deceased from
 , 19 , to , 19

I last saw him alive on , 19 Death is said
 to have occurred on the date stated above, at 4:20 m.

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

Bechlouay of
Mercury Poison
Self administered at
the Convent of Good

Other contributory causes of importance:
Shepard on Sept 2-1937
at about 8:00 P.M.
about 8:00 P.M.

Name of operation 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: suicide Date of injury 9/2, 1937
 Where did injury occur? St. Louis
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See above
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) W. H. Perry M.D.
 (Address) Deputy Coroner

8675
8698

STATEMENT BY LICENSED EMBALMER

I, H. E. Burgess, Licensed Embalmer No. 3547

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed H. E. Burgess
Licensed Embalmer No. 3547

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)