

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

366  
Do not use this space.

1. PLACE OF DEATH FEB 12 1938  
(a) County Registration District No. 791  
(b) Township Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. St. Luke's Hospital Registered No. 222  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 66 yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Fredrick William Schroer 160  
(a) Residence, No. 7445 Delrose, U-City, Mo. St. KR (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 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 Matilda Schroer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-13-1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 42 5 14  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd Butcher  
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) (STATE OR COUNTRY) Germany  
13. NAME FATHER FRED SCHROER  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY  
15. MAIDEN NAME UNKNOWN  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY  
17. INFORMANT Garland J. Smith (ADDRESS) 5555 Enright Ave.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill. DATE 1-8-1938  
19. FUNERAL DIRECTOR Alexander & Sons (ADDRESS) 6175 Delmar Blvd.  
20. FILED JAN 7 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1937, to Jan 6, 1938. I last saw him alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 12:04 a.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of the stomach primary seat of ca. Sept 22 in left hip long metastatic to pelvis  
Date of onset 1937  
Other contributory causes of importance 53 E  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray 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) W. H. Thompson M. D.  
(Address) 406 Commercial St. 214 2d St

Age extremely supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

Commercial Body  
List # 6th.

STATEMENT BY LICENSED EMBALMER

I, J. Wm Binkley, Licensed Embalmer No. 3653  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self  
L. E.  
No. Ernst Ottman, Registered Apprentice No. xx  
working under my personal supervision.  
Signed J. Wm Binkley  
Licensed Embalmer No. 365

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