CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 24 1938

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

Do not use this space.

32650

1. PLACE OF DEATH
County Lincoln
Township Hawkpoint
City ✓ (No. , St. Ward)
Registration District No. 488
Primary Registration District No. 6365
File No. 7
Registered No.

2. FULL NAME August Frederick Schroer
(a) Residence, No. Troy Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Schroer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1865
7. AGE YEARS 72 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentsville Missouri

FATHER
13. NAME George Schroer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County

MOTHER
15. MAIDEN NAME G. Schnarre
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mary Schroer Troy Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City Cem. DATE Oct 1 1938
19. UNDERTAKER (ADDRESS) Wayne McCoy Troy Mo.
20. FILED Sept 30 1938 [illegible] F. Grimm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1938
22. I HEREBY CERTIFY, ~~THAT~~ I attended deceased from May 25, 1938, to Sept 29, 1938
I last saw him alive on Sept 28, 1938 ~~Death is said~~ to have occurred on the date stated above, at 3:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance: ✓ 46

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) H. S. Harris, M. D.
(Address) Troy Mo.