

Registration District No. **791**

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2533 Hebert St. **3**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 60 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town St. Louis. **20**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2551w Hebert St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Anna Schroer.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Late John Schroer. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 14th, 1872.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 12 hr. min.

9. Birthplace Kirkwood, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Conrad Reinbeck.
 13. Birthplace Germany.
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Stein.
 15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Ramstine
 (b) Address 2533 Hebert St.

17. (a) Burial (b) Date thereof 10-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director H. J. Feldner and CO.
 (b) Address 2223 St. Louis Ave.

19. (a) OCT 7 1940 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 15, 1940 to Oct 5, 1940; that I last saw her alive on Oct 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 1 day after stroke Sept 15-17

Due to Chronic Hypertension Sept 15-17

Other conditions Langue of Big Toe Amputation of R. H. Femur Sept. 25/40

Major findings: of operations

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address 1875 Madison Date signed 10/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

140
39
23159

NOV 16 1940

*Dr. Striegel
174 + Madison*

194

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

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.)

If this body is not embalmed, fact should be so stated above.