

No. 2  
4-13-40  
5-17-39  
X23112

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

APR 9 1941  
Registration District No. 1784

Primary Registration District No. 11

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME John L. Schroeer

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

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

6. (b) Name of husband or wife Theresa Schroeer 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 8th 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>9</u>	hr. _____ min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Building Contractor

11. Industry or business Retired

12. Name Wm. Schroeer

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Beck

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary T. Schroeer  
 (b) Address 2007 Alfred Ave.

17. (a) Burial (b) Date thereof 3-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries  
 (b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 19 1941 (b) T. C. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
 (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 19  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2007 Alfred Ave. 6  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th  
 year 1941 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 6th 1941 to March 17, 1941  
 that I last saw him alive on March 17, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis Duration 10 minutes

Due to: Cerebral arteriosclerotic heart disease 2 years

Carcinoma of stomach 8 months

Other conditions: Hypertension  
(Include pregnancy within 3 months of death)  
 Major findings: Carcinoma of stomach with metastases in neighboring lymph glands  
 Of operations: \_\_\_\_\_  
 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? \_\_\_\_\_

23. Signature James H. Cummings (M. D. or other) \_\_\_\_\_  
 Address 444 N. Euclid Av. Date signed 3/18/41  
(Specify type of place) (e) Means of injury.

444 St. Emile's Ave  
St. Louis, Mo.  
of 0:4981

Home in better old Sunday

**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..... *Edwin M. Herwath*.....

Licensed Embalmer No..... *3024*.....

P. O. Address.....

**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.)**

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