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S. No. 2
-1-4-41
5-17-39
PI X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16263**

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **3781**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **28 Days**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **1370**
(c) City or town **St. Louis** **517**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **5433 Vernon Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Oscar Schroer**

3. (b) If veteran, name war **----**
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. **Mary T.**
6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **July 8 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	8	24	hr. _____ min.

9. Birthplace **Cincinnati / Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Butler**

11. Industry or business _____

12. Name **George Schroer**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Buettner**

15. Birthplace **Cincinnati / Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary T. Schroer**

(b) Address **5433 Vernon Ave.**

17. (a) **Removal** (b) Date thereof **May 3, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cincinnati, Ohio**

18. (a) Signature of funeral director **J. H. Hubben Lico & Ward Co.**

(b) Address **2842 Maramec St.**

19. (a) **MAY 3 1941** (b) **J. W. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2**, year **1941** hour **7:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **April 4, 1941** to **May 2, 1941**; that I last saw him **alive** on **May 2, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **General Paralysis of the Brain**

Due to **Syphilis** **12** years

Other conditions (Include pregnancy within 3 months of death) **GO**

Major findings: Of operations **12**

Of autopsy **same as above**

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 **D**

23. Signature **Walter Ford** (M. D. or other) **Walter Ford**
Address **1515 Lafayette Avenue** Date signed **5/3/41**

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

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17
9

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Heriman A. Gebken

Licensed Embalmer No. 2120
2842 Meramec St.
P. O. Address St. Louis, Missouri

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.