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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7011

State File No. 8

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 465

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Hts (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks (Specify whether

In this community year months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4427 S. Grand Blvd. 9 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph H. Stroer

3. (b) If veteran, name war

3. (c) Social Security No. 489-09-7496

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Adelheid

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 24 (Day) 1886 (Year)

8. AGE: Years 59 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation Secretary & Treasurer

11. Industry or business Hyde Park Brewery

FATHER
12. Name Henry Stroer
13. Birthplace Lincoln County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Carolina Kohle
15. Birthplace Old Monroe (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Anna C. Stroer

(b) Address 4427 S. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/46 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cem.

(d) Signature of funeral director John H. Gebken Sons

Address 2630 Gravois Ave.

9-23-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 5th, 1942, to Feb 20, 1946 that I last saw him alive on Feb. 19, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	30 days
Due to Arteriosclerotic Heart Disease	Uncertain
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. O. Brown (M. D. or other) M.D.

Address 1325 S. GRAND Date signed 2/21/46

(Licensed Embalmer's Statement on Reverse Side)

MAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....Robert F. Gebhart

Licensed Embalmer No.....4744

P. O. Address.....2630 Grais

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

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