

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12299  
State File No. 1003 Registrar's No. 3384

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>3384</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>25-YRS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2199</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3729 Olive Street</b>				d. STREET ADDRESS (If rural, give location) <b>3729 Olive Street</b> <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>H.</b>		c. (Last) <b>Schroyer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 28., 1953</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>		8. DATE OF BIRTH <b>April 10, 1896</b>		9. AGE (In years last birthday) <b>56</b> If under 1 year: Months <b>11</b> Days <b>8</b> If under 12 hrs: Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Boot &amp; shoe worker</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Seneca Falls, New York</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Ben Schroyer</b>			13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <b>Mrs. Frances Schroyer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give way or dates of service) <b>World War # 1</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Frances Schroyer, 3729 Olive Street</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Coronary thrombosis</b> ANTECEDENT CAUSES <b>Myocardial damage</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chc. Nephritis</b> DUE TO (b) <b>Chc. Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 Mo</b> <b>7 Mo</b> <b>2 Mo</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>					
22. I hereby certify that I attended the deceased from <b>7/7, 1953</b> to <b>3/28, 1953</b> , that I last saw the deceased alive on <b>3/26, 1953</b> and that death occurred at <b>2:30A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>George J. Mehan MD</b>				23b. ADDRESS <b>3903 Olive</b>		23c. DATE SIGNED <b>3/30/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 31, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 30 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly 3840 Lindell Blvd.</b>			

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Francis Williamson*

Licensed Embalmer No. 3565

P. O. Address St Louis Mo.

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.