

FILED JUN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. 20431

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

5175

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 1M 9Days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHRONIC HOSPITAL				STREET ADDRESS (If rural, give location) 1432 East Prairie 20990			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) CHARLES		c. (Last) STROER		4. DATE OF DEATH (Month) (Day) (Year) 6 . 14 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 11-8-1882	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Ben Goodman Truck Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Conrad Stroer		13b. MOTHER'S MAIDEN NAME Mary K Kerth		14. NAME OF HUSBAND OR WIFE Mrs. Emma Stroer, (Deceased).	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Henry F. Stroer, 1432 East Prairie Ave.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>years</i> <i>years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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. HOW DID INJURY OCCUR? 4200	
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"/>		22. I hereby certify that I attended the deceased from <u>May 5,</u> 19 <u>55</u> , to <u>June 14,</u> 19 <u>55</u> , that I last saw the deceased alive on <u>June 14,</u> 19 <u>55</u> , and that death occurred at <u>12:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>George Esker, M.D.</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS 5600 Arsenal St.		23c. DATE SIGNED 6/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-17-1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUN 15 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc.		ADDRESS 2161 E. Fair Ave.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Glew W. Nats*.....

Licensed Embalmer No. *2131*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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