

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH46312
STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

11817
Registration District No.

| | | | | | | | | | | | |
|--|--|---|---|---|---|--|--|--|-----------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN ST LOUIS, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PARK LANE HOSPITAL | | | Length of stay in 1b | | STREET ADDRESS 2028 EAST PRAIRIE AVE | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) JOHN | | | | First | | Middle | | Last | | 4. DATE OF DEATH DEC, 8, 1957 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH JAN. 15, 1878 | | 9. AGE (In years last birthday) 79 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | | | | 10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE | | 11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME FRANK SCHROER | | | | | | 14. MOTHER'S MAIDEN NAME BERTHA HILKER | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO | | | | 16. SOCIAL SECURITY NO. #493-10-8468 | | 17. INFORMANT LILLIAN SCHROER 2028 E. PRAIRIE AVE | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute cerebral hemorrhage arteriosclerosis arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331x | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | | | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | 20f. CITY, TOWN, OR LOCATION | | | COUNTY | | | STATE | | |
| 21. I attended the deceased from Nov 28, 1957 to Dec 8, 1957 and last saw her alive on Dec 8, 1957. Death occurred at 8:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | | | |
| 22a. SIGNATURE A. Conrad Malles (Degree or title) A. Conrad Malles, M.D. | | | | | | 22b. ADDRESS 607a No. Grand 607 N. Grand | | | 22c. DATE SIGNED 12/9/57 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 12/11/57 | | 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | | | | 23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI | | | |
| 24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE | | | | | 25. DATE RECD. BY LOCAL REG. DEC 9 '57 | | 26. REGISTRAR'S SIGNATURE Charles Smith MD | | | | |

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
ServiceS. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*Dr. Mallon
Miss
Ch 7 4272*

348-01074

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *M W Ruter*.....

Licensed Embalmer No. *480*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.