

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027823
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1886

| | | | |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moline | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Dellwood 4000 |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Hallsferry Nursing Home - 3 Weeks | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 1329 Thatcher Avenue |
| 3. NAME OF DECEASED (Type or print) First BERTHA Middle KROETER Last KROETER | | 4. DATE OF DEATH Month July Day 14 Year 1958 | |
| 5. SEX Female | 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 December 23, 1889 |
| 9. AGE (In years last birthday) 68 | | IF UNDER 1 YEAR Months 1 Days 14 | IF UNDER 24 HRS. Hours 14 Min. 14 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress | | 10b. KIND OF BUSINESS OR INDUSTRY Jo-Mor Mfg. Co. | 11. BIRTHPLACE (City and state or country) Dorsey, Illinois |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Henry Schierenbeck | |
| 13b. MOTHER'S MAIDEN NAME Anna Heuer | | 14. NAME OF HUSBAND OR WIFE WALTER | |
| 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. 494-09-8994 | 17. INFORMANT Mr. Walter Kroeter - 1329 Thatcher Avenue |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Amphiphilic Lateral Sclerosis | | | INTERVAL BETWEEN ONSET AND DEATH about 9 mos. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 3561 | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 _____ 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 Sept 1957 to June 16, 1958 and last saw her alive on June 16, 1958 Death occurred at 6:15 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) R. J. Mueller M.D. | | 22b. ADDRESS Hampton Village Medical Center | 22c. DATE SIGNED 7/16/58 |
| 23a. BURIAL (CREMATION, REMOVAL) (Specify) Burial | 23b. DATE July 17, 1958 | 23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair | | 25. DATE RECD. BY LOCAL REG. 7-16-58 | 26. REGISTRAR'S SIGNATURE Herbert P. Donk M.D. |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Clement McNeary

Licensed Embalmer No. 3792

P. O. Address St. Louis

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.