

JUR. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 5 7 6

FILED VS JAN 11 1960

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 90

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jefferson	a. STATE Mo.	b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsboro	Length of stay in 1b 1 month	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 Cedar Grove Nursing	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2108 Linton St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First GEORGE	Middle H.	Last SCHROER	Month Dec.	Day 10	Year 1959	

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 8/1/1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Mo. U.S.A.	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME John A. Schroer	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Catherine Schroer
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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. 192 03 8142	17. INFORMANT Wm. Donley 120 S. Elizabeth Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from Nov. 6, 1959 to Dec. 10, 1959 and last saw her alive on 12-6-59 Death occurred at 4 P m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Robert D. Sanders, M.D.</i> (Degree or title)	22b. ADDRESS <i>1502 Cass Ave St Louis</i>	22c. DATE SIGNED <i>12-12-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/14/59	23c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery	23d. LOCATION (City, town, or county) St. Louis	(State) Mo.
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24. FUNERAL DIRECTOR Buchholz Mortuary 5967 W. Florissant	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-11-59	26. REGISTRAR'S SIGNATURE <i>Oleta Riederer, Reg</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JAN 1 1968

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 Donald P. Dietrich

Licensed Embalmer No. 4104

P. O. Address Delto 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.