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61-019460
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED JUN 8 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in lb <i>73 yrs</i>	c. CITY OR TOWN <i>Afton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>9830 Coventry Lane</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>WALTER G. SCHROETER</i>			4. DATE OF DEATH Month Day Year <i>May 29, 1961</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9/23/1887</i>	9. AGE (last birthday) <i>73</i>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>public utility</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Albert F. Schroeter</i>		13b. MOTHER'S MAIDEN NAME <i>Linna E. Guenther</i>		14. NAME OF HUSBAND OR WIFE <i>Marie Mayer</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes WW I</i>		16. SOCIAL SECURITY NO. <i>---</i>	17. INFORMANT Address <i>Mrs. Marie Schroeter, 9830 Coventry Lane</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Asthma, severe</i>					<i>2 yrs</i>	
DUE TO (b) <i>arteriosclerotic heart disease</i>					<i>3 yrs</i>	
DUE TO (c) <i>241x</i>						
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	
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 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 <i>1/28/61</i> to <i>5/29/61</i> and last saw her/him alive on <i>5/29/61</i> . Death occurred at <i>1:45 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Paul P. ...</i>			22b. ADDRESS <i>523 Chippa</i>		22c. DATE SIGNED <i>5/31/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>entombment</i>	23b. DATE <i>6/1/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Mausoleum</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave</i>			25. DATE RECD. BY LOCAL REG. <i>MAY 31 1961</i>	26. REGISTRAR'S SIGNATURE <i>Leon Smith, M.D.</i>		

BY AFFIDAVIT OF

Dr. Parashak
5203 Chippewa St.,

FL 1 - 2454

12-5-2021

Swale

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 Harmer H. Jantz

Licensed Embalmer No. 3882

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.