

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009364  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 19 1963 318 Primary Registration District No. 1003 Registrar's No. 1318

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Mo</i> b. COUNTY                                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <i>St. Louis</i>  |   | Length of stay in 1b<br><i>2 da</i>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <i>St. John's Hospital</i>  |   | d. STREET ADDRESS (If outside, give location)<br><i>1910 Mallinckrodt</i>   |  |
| 3. NAME OF DECEASED<br>(Type or print) <i>EDWARD F. SCHROER</i>  |   | 4. DATE OF DEATH<br>Month <i>Feb</i> Day <i>5</i> Year <i>1963</i>  |  |
| 5. SEX <i>M</i>  | 6. COLOR OR RACE <i>W</i>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>3-4-1889</i>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Street car operator</i>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>Retired</i>   | 11. BIRTHPLACE (City and state or country).<br><i>O'Fallon, Mo</i>   |
| 13a. FATHER'S NAME<br><i>Anthony Schroer</i>   |   | 13b. MOTHER'S MAIDEN NAME<br><i>Christine Koester</i>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><i>No</i>   |   | 14. NAME OF HUSBAND OR WIFE<br><i>Edna Schroer</i>  |  |
| 17. INFORMANT<br><i>William Schroer - 1910 Mallinckrodt</i>  |   | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Malaria</i><br>DUE TO (b) <i>Ch. Pyelonephritis</i><br>DUE TO (c) <i>6000</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>3 days</i><br><i>3 months</i>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>Ch. Cholelithiasis &amp; Lithiasis &amp; Common Duct obstruction</i>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour Month, Day, Year<br>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>2-3-63</i> to <i>2-5-63</i> and last saw him alive on <i>2-5-63</i><br>Death occurred at <i>3:08 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE<br><i>Carl J. Pies M.D.</i>   |   | 22b. ADDRESS<br><i>1801 Kingsley</i>  | 22c. DATE SIGNED<br><i>2-6-63</i>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY  | 23d. LOCATION (City, town, or county) (State)  |
| <i>Burial</i>  | <i>Feb 8-1963</i>   | <i>Calvary Cem.</i>   | <i>St. Louis Mo</i>  |
| 24. FUNERAL DIRECTOR<br><i>Edw Koch &amp; Son - 3716 &amp; 14th</i>  |   | 25. DATE RECD. BY LOCAL REG.<br><i>FEB 7 1963</i>   | 26. REGISTRAR'S SIGNATURE<br><i>Paul Smith M.D.</i>  |

VS 300 Rev. 4/59  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

DATE AMENDED  
*2*

USE BLACK INK OR TYPEWRITER RIBBON

**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 *V E Morris*

Licensed Embalmer No. 3360

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.