MAR 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 7488 ~~7475~~

1. PLACE OF DEATH
County Warren — Registration District No. 881 — File No.
Township — Primary Registration District No. 4534 — Registered No. 8
City Warrenton (Usual place of abode) St. Ward)

2. FULL NAME Julia Schuermeier
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Schuermeier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27-1846

7. AGE Years 83 Months 1 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lincoln Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Henry Schloemer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Mrs C E Martin
(Address) Warrenton Mo

15. FILED 2/25, 1930 A W Ehling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from June 17th, 1929, to Feb 23, 1930, that I last saw her alive on Feb 22, 1930, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Organic Valvular Disease of Hart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. H. Brandt M. D
2/23, 1930 (Address) Wauseeline Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Family Cemetery Pitts Mo — DATE OF BURIAL 2/25 1930

20. UNDERTAKER F. W. Nielsen — ADDRESS Warrenton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.