

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

22953

1. PLACE OF DEATH

County Warren Registration District No. 882
Township Richards Grove Primary Registration District No. 6174
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME Mrs Minna Schroer

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF George Schroer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-1863

7. AGE YEARS 71 MONTHS no DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) Sept. 1, 1934 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near New Melle Mo
St Charles Co.

FATHER 13. NAME John A. Erdmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Niehoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Myrtle Stoltes

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City Mo DATE June 4, 1934

19. UNDERTAKER (ADDRESS) Wright City Mo

20. FILED Jan 4, 1934 W. S. Clabach M.D. Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st 1934

22. I HEREBY CERTIFY that I attended deceased from Jan 33 to June 1st 1934
I first saw him alive on June 1st 1934 Death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
Chronic Mitral Regurgitation
92A 92A
15E
Other contributory causes of importance:
dropsy debility

Name of operation no operation Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury no injury
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Benjamin Brandt, M. D.
(Address) W. Orstell Mo

