

N. E.—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.

JAN 23 1936

42314

1. PLACE OF DEATH

County St. Charles
Township Calloway
City South Forest Hill (No. _____) (St. _____) (Ward _____)

Registration District No. 759
Primary Registration District No. 6000

File No. _____
Registered No. 15

2. FULL NAME

Pauline Schroeer (Year Heusenkaump)
(a) Residence, No. at place of death St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF The late Frank Schroeer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County Missouri

13. NAME Somner Heusenkaump

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Charley Schroeer

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo. DATE Nov 4 1935

19. UNDERTAKER (ADDRESS) William M. Co

20. FILED Nov 5 1935 D. D. Mubun Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936, to Nov 1 1936.

I last saw him alive on Nov 1 1936. Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Other contributory causes of importance:

Name of 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Arthur Miller M. D.
(Address) Forest Hill

Date of onset Feb 15

