

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

41073

Do not use this space.

**1. PLACE OF DEATH**

(a) County Warren Registration District No. 2 881  
 (b) Township Warrenton Primary Registration District No. 4534 Registered No. 50  
 (c) City Warrenton (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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) Bertha L. Schoene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	80	2	10	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>retired</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>teacher</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Summerfield, Illinois  
 (STATE OR COUNTRY) 1

FATHER 13. NAME Henry Schoene 6

FATHER 14. BIRTHPLACE (CITY OR TOWN) Germany 7  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Tecklingberg

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

17. INFORMANT Mrs. I. G. Brunfs  
 (ADDRESS) St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton, Mo. DATE Nov. 8, 1939

19. FUNERAL DIRECTOR F.W. Nieburg & Son  
 (ADDRESS) Warrenton, Mo.

20. FILED Nov 9, 1939 A. W. Stealy  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1939 to Nov 5, 1939

I last saw him alive on Nov 5, 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Cerebral hemorrhage 11/3/39  
82 W

Other contributory causes of importance:

Name of operation None Date of Nov  
 What test confirmed diagnosis Brain Was there an autopsy? No

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Charles T. Garcia, M. D.  
 (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.

STATEMENT BY LICENSED EMBALMER

I, John F. Nieburg, Licensed Embalmer No. 3897  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed John F. Nieburg  
Licensed Embalmer No. 3897

**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.)**