DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2159

FILED

Registration District No. 213 Primary Registration District No. 5293 Registrar's No. 19

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.

1. PLACE OF DEATH:
(a) County Cole
(b) City or town "RURAL" Jefferson Twshp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D.#1, Jefferson City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R #1 Jefferson City Mo (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry A. Schroer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Bertha Schroer
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Jan 24 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	24	hr. min.

9. Birthplace Jefferson City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business "
FATHER 12. Name Albert Schroer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Wilhelmenia Bruegging
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Nellie C. Schroer
(b) Address Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-20-1940 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cem
18. (a) Signature of funeral director Shope J. Gordon
(b) Address Jefferson City, Missouri
19. (a) 1/20/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 year 1940 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Dec 15 1939 to Jan. 18 1940
that I last saw him alive on Jan 15 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 1/3 yrs.
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No.	

PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. T. Leach (M. D. or other) M.D.
Address Eldon Mo. Date signed 1-19-40

(Licensed Embalmer's Statement on Reverse Side)

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 Ferd T. Dulle, Registered Apprentice No.....

working under my personal supervision.

Signed Ferd T. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.