

FILED JUL 1 1940

Registration District No. 297

Primary Registration District No. 3016

State File No. \_\_\_\_\_

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Franklin.  
(b) City or town Washington.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2nd & Fulton St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No.  
In this community 60 yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Washington.  
(If outside city or town limit, write "RURAL")  
(d) Street No. 2nd & Fulton St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Frederick Schroepfer. 6/16

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, married, divorced married  
6. (b) Name of ~~husband~~ wife Mary Schroepfer. 6. (c) Age of ~~husband~~ wife if alive 78 years  
7. Birth date of deceased January 15 1852  
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 20 If less than one day hr. X min.

9. Birthplace Neier, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Gardener.

11. Industry or business X

12. Name Unknown.  
13. Birthplace Unknown. Unknown.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown.  
15. Birthplace Unknown. Unknown.  
(City, town, or county) (State or foreign country)

16. (a) Informant Long Schieffer  
(b) Address Washington, Missouri  
17. (a) Burial (b) Date thereof June 8th, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director NIEBURG & VITT, Inc.  
(b) Address Washington, Mo.

19. (a) June 7-1940 (b) A. H. May  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th  
year 1940 hour 3:00 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 5, 1940  
to June 5, 1940  
that I last saw him alive on June 5, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Chronic Myocarditis

Due to Chronic Interstitial nephritis

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no autopsy

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? 270  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. R. Culler, M.D. (M. D. or other) 1  
Address Washington, Mo. Date signed June 7-40

Duration None  
Cause None  
Physician None  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6  
8  
2

**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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lester Henry Pitt  
Licensed Embalmer No. 3254  
P. O. Address Washington, Mo.

**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.)**

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