

No. 2
13-40
17-39
X23159

FILLED OCT 21 1941
Registration District No. **5417**

Primary Registration District No. **5417**

Registrar's No. **10**

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

1. PLACE OF BIRTH: **FRANKLIN.**
(a) County. **FRANKLIN.**
(b) City or town. **RURAL LYON, ILL.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **PORT HUDSON LUTHERAN CHURCH.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME: **FRANZ W. SCHROEDER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: **MD.** 5. Color or race: **W.** 6. (a) Single, widowed, married, divorced: **WIDOWED**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: **Dec 21 1860**
(Month) (Day) (Year)
8. AGE: Years **80** Months **9** Days **0** If less than one day hr. min.

9. Birthplace: **NEW HAVEN, MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **FARMING**

11. Industry or business _____
12. Name: **CASPER SCHROEDER**
13. Birthplace: **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name: **MARIA L. GARDMANN**
15. Birthplace: **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Louis Schroeder**
(b) Address: **New Haven Mo R.R. 1**

17. (a) **BURIAL** (b) Date thereof: **SEPT 24 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **PORT HUDSON LUTHERAN CEMT.**

18. (a) Signature of funeral director: **E. H. Ziemme**
(b) Address: **Beaufort Mo**

19. (a) **9-22-41** (b) **J. H. Mattheis**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Mo** (b) County: **Franklin**
(c) City or town: **Rural** 36
(If outside city or town limits, write "RURAL")
(d) Street No.: **Port Hudson Lutheran Church**
(If rural, give location)
(e) If foreign born, how long in U. S. **7** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **21**
Year **1941** hour **10** minute **a** M.
21. I hereby certify that I attended the deceased from **January 1940** to **Sept 21 1941**
that I last saw him alive on **Sept 12 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Myocarditis**
Due to _____
Due to _____
Other conditions: **9 20**
(Include pregnancy within 3 months of death)

Major findings: **No operation**
Of operations _____
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?
While at work? **Yes** (Specify type of place) (e) Means of injury: **No**
23. Signature: **J. H. Mattheis**
Address: **Beaufort Mo** Date signed: **9-22-41**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

E. H. Jenne

Registered Apprentice No.

working under my personal supervision.

Signed.....

E. H. Jenne

Licensed Embalmer No.

3076

P. O. Address.....

Beaufort 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, fact should be so stated above.