

FILED APR 11 1944

Registration District No. **275**

Primary Registration District No. **4409**

Registrar's No. **177**

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town Newburg
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(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) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Phelps
 (c) City or town Newburg Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lena Roemer
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 29
 year 1944 hour 7 minute 15 A.M.
 21. I hereby certify that I attended the deceased from June 1943 to July 29, 1944
 that I last saw her alive on July 29, 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (b) Name of husband Henry Roemer 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Aug 11 1870
(Month) (Day) (Year)

Immediate cause of death Mycocarditis
 Due to Chronic nephritis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 1318

8. AGE: Years 73 Months 06 Days 18
 If less than one day hr. _____ min. _____
 9. Birthplace St Louis MO
(City, town, or county) (State or foreign country)
 10. Usual occupation House wife

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name Henry Buchert
 13. Birthplace France
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Brubacher
 15. Birthplace France
(City, town, or county) (State or foreign country)

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? _____ (Specify type of place) (e) Means of injury 3
 23. Signature R. E. Brewer (M. D. or other) _____
 Address Newburg Mo Date signed 8-1-44

16. (a) Informant Ernest Roemer
 (b) Address Newburg, Mo
 17. (a) Burial (b) Date thereof Mar 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Newburg, Mo
 18. (a) Signature of funeral director Geo Johnson
 (b) Address Newburg Mo
 19. (a) 3/1/44 (b) St. Louis
(Date received local registrar) (Registrar's signature)

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

SEP 6 1946

SEP 5 1946

150097 211 I

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

Signed Lee Johnson
.....
Licensed Embalmer No. 3392
P. O. Address Newburg, 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.