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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18277

Registration District No. FILED JUN 13 1944

Primary Registration District No. 5570

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Levasy (If outside city or town limits, write "RURAL" and name of township) 0

(c) Name of hospital or institution: her home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: x (Specify whether years, months or days) In this community: 41 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 49

(c) City or town: Levasy (If outside city or town limits, write "RURAL") 0

(d) Street No.: her home (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Eliza Christina Schroer

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Fe

5. Color or race: wh

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: Chas Schroer (Deceased)

6. (c) Age of husband or wife if alive: x years

7. Birth date of deceased: Sept (Month) 26 (Day) 1868 (Year)

8. AGE: Years 75 Months 7 Days 3 If less than one day: hr. min.

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

10. Usual occupation: House work her home

11. Industry or business: her home work only

MOTHER FATHER

12. Name: John Schaberg

13. Birthplace: St Charles County (City, town, or county) Mo (State or foreign country) 0

14. Maiden name: Zetta Driemeyer

15. Birthplace: St Charles Co (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Miss Viola Schroer

(b) Address: Levasy Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: May 1. 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Levasy Cemetery

18. (a) Signature of funeral director: V. M. Reppert

(b) Address: Buckner Mo

19. (a) May 2 1944 (Date received by local registrar) (b) V. M. Reppert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1944 hour 7:50 minute AM M.

21. I hereby certify that I attended the deceased from April 29, 1944 to Ap. 29, 1944; that I last saw her alive on Ap. 29, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 94a

Of autopsy:

Duration

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): X

(b) Date of occurrence: X

(c) Where did injury occur? X (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: John W. Robertson (M. D. or other)

Address: Buckner Mo. Date signed 5-1-44

1101

(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~~ Personal

....., ~~Registered Apprentice~~ No.....

~~working under my personal supervision.~~

Signed V. M. Repsert

Licensed Embalmer No. 2 3 2 1

P. O. Address Buckner Mo

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

If this body is not embalmed, fact should be so stated above.