. S. No. 2
DM—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5067

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 483

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 3615 Forest / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: xx (Specify whether In this community: 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No.: 3615 Forest 8 (If rural, give location) 0

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

If yes, name country:

3. (a) PRINT FULL NAME: MRS. HELEN SCHROEDER

3. (b) If veteran, name war: xx

3. (c) Social Security No.: None

4. Sex: Fe /

5. Color or race: Wh

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

6. (b) Name of husband or wife: Martin Schroeder

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

7. Birth date of deceased: January (Month) 16 (Day) 1888 (Year)

8. AGE: Years 60 | Months 0 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace: Minneapolis (City, town, or county) Minn. / (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Brede Berg
13. Birthplace: (City, town, or county) Norway 4 (State or foreign country)

MOTHER
14. Maiden name: Wilhelmina Holmes
15. Birthplace: (City, town, or county) Norway 4 (State or foreign country)

16. (a) Informant: Jane Schroeder

(b) Address: 3615 Forest

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Minneapolis, Minn.

18. (a) Signature of funeral director: J W Wagner

(b) Address: Kansas City, Mo.

19. (a) 2-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2d year 1948 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from Feb. 15, 1946 to Feb. 2, 1948 that I last saw her alive on Feb. 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 hr.
Due to: Hypertension (Essential)	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 830
Of autopsy:

PHYSICIAN — Underline the cause of 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: 0

23. Signature: [signature] (M. D. ~~or other~~)

Address: 1400 Plaza Med Bldg. Date signed: 2/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Plaza Med
LO-3150

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

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.