

No. 2
-12-45
-17-39
X47070

FILED JUN 16 1948

Registration District No. 210

Primary Registration District No. 3058

Registrar's No. 97

1. PLACE OF DEATH: Saint Charles

(a) County.....Saint Charles

(b) City or town.....St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....4 days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....Missouri (b) County.....St. Charles 92

(c) City or town.....St. Charles 9
(If outside city or town limits, write "RURAL") 3

(d) Street No.....1000 S. Main Street 0
(If rural, give location)

(e) Citizen of foreign country?.....No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME.....Mrs. Emma Schroer

3. (b) If veteran, name war.....None

3. (c) Social Security No.....None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....May day.....8th
year.....1948 hour.....1 minute.....- P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex.....Female 5. Color or race.....White

6. (a) Single, widowed, married, divorced.....Widowed 1

6. (b) Name of husband or wife.....Edward G. Schroer 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased.....December 12, 7, 1868
(Month) (Day) (Year)

Immediate cause of death.....Cerebral Hemorrhage -
Hemiplegia
Due to.....Cerebral arteriosclerosis
Duration.....3 days

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>1</u>hr.min.

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

9. Birthplace.....Warren County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....Retired

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

11. Industry or business.....

12. Name.....Wm. Krueger

13. Birthplace.....Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name.....Christina Hase

15. Birthplace.....Warren County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant.....Alfred Schroer

(b) Address.....St. Charles, Mo.

17. (a) Burial (b) Date thereof.....May 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation.....St. Johns Cemetery

18. (a) Signature of funeral director.....H. Schreiner
(b) Address.....326 N. 6th Str., St. Charles, Mo.

19. (a) June 3 1948 F. A. H. H. H. H.
(Date received local registrar) (Registrar's signature)

(Specify type of place) (c). Means of injury.....

Signature.....H. Schreiner (M. D. or other) MD
Address.....St. Charles, Mo. Date signed.....5/11/48

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

MOTHER FATHER

Date Filed JUN 15 1948

District File Number

District Health Officer No. 9,

RECEIVED

DEC 28 1954

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.....

Frederic W. Bane

Registered Apprentice No. *510*

working under my personal supervision.

Signed.....

Arthur C. Bane

Licensed Embalmer No. *3155*

P. O. Address *St Charles 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.