

FILED MAY 13 1950

STANDARD CERTIFICATE OF DEATH

13241
1890

State File No. Registrar's No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 53 yrs.		d. STREET ADDRESS (If rural, give location) 3703 College	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3568
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3. NAME OF DECEASED (Type or Print) Francis X. Schroeger, Sr.			4. DATE OF DEATH (Month) (Day) (Year) APRIL 22 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 31 March 1897	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts Department		10b. KIND OF BUSINESS OR INDUSTRY Moore Eng. Company		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Francis X. Schroeger		13b. MOTHER'S MAIDEN NAME Catherine Bubel		14. NAME OF HUSBAND OR WIFE Eulalia A. Schroeger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 510-07-0627		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. F.X. Schroeger, 3703 College, K.C., Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERICARDIAL Adhesions		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Thrombosis & Hypertensive C-V disease			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **APRIL 19 1949**, to **APRIL 21 1950**, that I last saw the deceased alive on **21 April 1950**, and that death occurred at **9:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Fred H. Lundgren (Degree or title) Fred H. Lundgren, Jr., M.D.		23b. ADDRESS 612 Professional Bldg		23c. DATE SIGNED 4/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-25-50		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					

DATE REC'D BY LOCAL REG. 4-24-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-MoGilley-Eylar, Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Elew E Beck

Signed.....
Student Embalmer

Licensed Embalmer No. *4063*

P. O. Address *Kansas City*

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.