

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **3590**

FILED FEB 13 1952

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 3071		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) Slater		c. LENGTH OF STAY (In this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) Slater		0971	
d. FULL NAME OF HOSPITAL OR INSTITUTION 537 North Porter				d. STREET ADDRESS (If rural, give location) 537 North Porter			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle) Heidenreich		c. (Last) Schroeder		4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 22, 1873	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Minnesota	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ernest Heidenreich		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ernest Heidenreich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME E. P. Schroeder-Slater, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH not known 5 1/2 7 1	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) None		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? None					
22. I hereby certify that I attended the deceased from Jan. 19, 1952 , to Jan. 29, 1952 , that I last saw the deceased alive on Jan. 20, 1952 , and that death occurred at 1:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. E. P. Schroeder				23b. ADDRESS Slater Mo.		23c. DATE SIGNED Jan. 29, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Arrow Rock Cemetery		24d. LOCATION (City, town, or county) (State) Arrow Rock Mo.	
DATE REC'D BY LOCAL REG. 1-3-52		REGISTRAR'S SIGNATURE Ms. Earb		25. FUNERAL DIRECTOR'S SIGNATURE C. M. Campbell-Lewis			
				ADDRESS Marshall Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

MAY 2 1935

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

R. W. Campbell Jr.

Licensed Embalmer No. *3469*

P. O. Address *Marshall 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.