

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7727  
State File No. 16 0211

FILED APR 9 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5250 Registrar's No. 16 0211

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY OR TOWN BRUNSWICK RURAL		c. CITY OR TOWN BRUNSWICK RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL		d. STREET ADDRESS 1/2 NORTH OF BRUNSWICK	

3. NAME OF DECEASED a. (First) EDWARD b. (Middle) HERMAN c. (Last) STROEMER			4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH 6-22-1902		9. AGE (In years last birthday) 50		10. USUAL OCCUPATION FARMER	
10b. KIND OF BUSINESS OR INDUSTRY FARMWORK		11. BIRTHPLACE (State or foreign country) BRUNSWICK MO		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME HENRY STROEMER		13b. MOTHER'S MAIDEN NAME MARY A. FLETCHER		14. NAME OF HUSBAND OR WIFE SINGLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES 2ND WORLD WAR		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HENRY STROEMER ADDRESS BRUNSWICK MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound in left chest		DUE TO (b) Gun shot wound in left chest					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E976X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE Brunswick Miss. Chariton MO	
21d. TIME OF INJURY April 2-1952 9:30 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. B. Gammitt		23b. ADDRESS Kaytownville Mo.		23c. DATE SIGNED 4-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-4-1952		24c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE	
24d. LOCATION (City, town, or county) BRUNSWICK MO		24e. FEDERAL DIRECTOR'S SIGNATURE L. Meesel		24f. ADDRESS BRUNSWICK MO	
25. DATE REC'D BY LOCAL REG. 4-4-52		REGISTRAR'S SIGNATURE Mildred Barne		25. FEDERAL DIRECTOR'S SIGNATURE L. Meesel ADDRESS BRUNSWICK MO	

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

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7907-77-104

**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 L. McNeil

Licensed Embalmer No. 823

P. O. Address Greenwood M.

**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.