No. 300
10.48

FILED APR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12340

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5252 Registrar's No. 19

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1. PLACE OF DEATH
a. COUNTY: CHARITON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRUNSWICK RURAL
c. LENGTH OF STAY (in this place): 80 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRUNSWICK 0210
d. STREET ADDRESS (If rural, give location): 1½ MI NORTH OF BRUNSWICK MO

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): ✓
c. (Last): STROEMER

4. DATE OF DEATH (Month) 4 (Day) 17 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 1-1864
9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMWORK
11. BIRTHPLACE (State or foreign country): BRUNSWICK MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: WM. A. STROEMER
13b. MOTHER'S MAIDEN NAME: CATHERINE KAISER
14. NAME OF HUSBAND OR WIFE: WIDOWER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: HENRY STROEMER JR. ADDRESS: BRUNSWICK 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial decompensation — Unknown
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 4222
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ 19___, *to* April 17, 1952 *that I last saw the deceased alive on* April 17, 1952, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Glenwood Fowler (Degree or title): DO
23b. ADDRESS: Keytesville, Mo
23c. DATE SIGNED: 4/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-19-1952
24c. NAME OF CEMETERY OR CREMATORY: ELLIOTT GROVE
24d. LOCATION (City, town, or county) (State): BRUNSWICK MISSOURI

DATE REC'D BY LOCAL REG.: 4-19-52
REGISTRAR'S SIGNATURE: Mildred Bane 56-0
25. FUNERAL DIRECTOR'S SIGNATURE: L. W. Geisel ADDRESS: Brunswick Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed L W Meisel

Licensed Embalmer No. 823

P. O. Address Brunswick 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.