

FILED MAY 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19167

State File No.

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6736 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (Charrette)</u>) c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Charrette)</u> <u>1090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Hopewell, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>near Hopewell, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Christine</u> c. (Last) <u>Schoppenhorst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1952</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Dec. 27, 1862</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm. Schoppenhorst</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Kuhlmann</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME R.F. ADDRESS <u>Wm. H. Schoppenhorst, Marthasville, Mo</u>
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) <u>Chr Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr Nephritis</u>		<u>18 months</u>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>deterioration of old eye</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 <u>May 1, 1945</u> to <u>May 18, 1952</u> , that I last saw the deceased alive on <u>May 7, 1952</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.C. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Marthasville Mo</u>	23c. DATE SIGNED <u>5/20/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel's E & R Church</u>	24d. LOCATION (City, town, or county) (State) <u>Holstein, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 20/52</u>	REGISTRAR'S SIGNATURE <u>W.C. Johnson</u> <u>334</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg & Co., Warrenton, Mo.</u>	

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.....
Student Embalmer

Signed John J. Heburg.....

Licensed Embalmer No. 3897.....

P. O. Address Warrenton, 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.