

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38790**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>RURAL-Union Township</b> )		c. LENGTH OF STAY (in this place) <b>61 yrs.</b>	c. CITY OR TOWN <b>RURAL</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 ml. West Palmyra, Mo.</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS <b>8 mi. West of Palmyra, Mo.</b> (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Maria Louisa</b> c. (Last) <b>Schmedt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 14 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>18 March 1873</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Loganville, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Albert Roecker</b>	13b. MOTHER'S MAIDEN NAME <b>No Record</b>	14. NAME OF HUSBAND OR WIFE <b>Christoph Schmedt</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Christoph Schmedt, Palmyra, Mo.</b> ADDRESS

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular accident.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Vascular Disease</b>		
	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		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) <b>331</b> (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Nov 14, 1956 to Nov 14, 1956 that I last saw the deceased alive on Nov 14, 1956 and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Roemer M.D.</b> (Degree or title)	23b. ADDRESS <b>Palmyra Mo</b>	23c. DATE SIGNED <b>11/19/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>16 Nov. 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Little Union Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Marion County, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>11-19-56</b>	REGISTRAR'S SIGNATURE <b>Dr. M. L. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John's Brothers</b> ADDRESS <b>Palmyra, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 23 1956  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 23 1956

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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.....  
Signature of Student Embalmer

Signed *George M. Lewis*.....  
Licensed Embalmer No. 4851

P. O. Address Palmyra, Mi

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.