

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021471

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 184

300
-57

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY OR TOWN <u>WASHINGTON</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LOOTRE TWP</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSPITAL</u>		Length of stay in lb <u>1 DAY</u>	d. STREET ADDRESS (If outside, give location) <u>1mi. E. of McKittrick</u>

3. NAME OF DECEASED (Type or print)	First <u>LOUIS</u>	Middle <u>FRITZ</u>	Last <u>SCHROER</u>	4. DATE OF DEATH	Month <u>JUNE</u>	Day <u>21</u>	Year <u>1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 1-1882</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>McKittrick Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>HERMAN SCHROER</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE BECKER</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE HELDT</u>
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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 Address <u>MRS MINNIE SCHROER McKittrick Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular hemorrhage</u>	INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }
DUE TO (b)
DUE TO (c)

331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease with decompensation</u>	19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>9-24-56</u> and last saw ^{that} him alive on <u>6-21-58</u> Death occurred at <u>4:45</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Carol T. Shaw, M.D.</u>	22b. ADDRESS <u>Hermann, Missouri</u>	22c. DATE SIGNED <u>6-23-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6/24/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. JAMES EIR CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Big Springs Mo</u>
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24. FUNERAL DIRECTOR <u>HUGO H. BLUMER</u>	ADDRESS <u>HERMANN Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6/23/58</u>	26. REGISTRAR'S SIGNATURE <u>F. R. Judmann</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Chas. H. Pope*

Licensed Embalmer No. *2557*
P. O. Address *Hermann*

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.