

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028740

STATE FILE NUMBER

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 257

FILED SEP 12 1961

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Jefferson City, Missouri

Length of stay in 1b

Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cole

admission)

c. CITY
OR TOWN

Jefferson City

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

723 St. Mary's Blvd.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

723 St. Mary's Blvd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Otto

Middle

Lambert

Last

Schroer

4. DATE
OF DEATH

Month

Day

Year

August

31

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1-19-1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Prison Guard

10b. KIND OF BUSINESS OR INDUSTRY

State Penitentiary

11. BIRTHPLACE (City and state or country)

Jefferson City, Missouri

12. CITIZEN OF WHAT COUNTRY

American

13a. FATHER'S NAME

Albert Schroer

13b. MOTHER'S MAIDEN NAME

Minnie Wilhemina Bruegging

14. NAME OF HUSBAND OR WIFE

Frances Gerber

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

488-07-2528

17. INFORMANT

Mrs. Otto Schroer, 723 St. Mary's Blvd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

-

to

-

and last saw her

him alive on

-

Death occurred at

11:30

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. B. Roen M.D.

(Degree or title)

22b. ADDRESS

5756 High Jefferson City

22c. DATE SIGNED

9-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 2, 1961

23c. NAME OF CEMETERY OR CREMATORY

Riverview

23d. LOCATION (City, town, or county)

Jefferson City, Missouri

23e. (State)

24. FUNERAL DIRECTOR

Tanner Funeral Home, J.C. Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

1 September 1961

26. REGISTRAR'S SIGNATURE

R. P. Norris M.D. - Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

VS SEP 12 1961

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

Licensed Embalmer No. _____

P. O. Address _____

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.