

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026492

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77Primary Registration District No. 3016Registrar's No. 280

FILED JUL 20 1962

VS 300  
Rev. 4/591 02692 0269

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12 90-213 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Coleb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Jefferson City, Missouri

Length of stay in lb

Lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 723 St. Mary's Blvd.

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Cole

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☒ No ☐

c. CITY

OR TOWN

Jefferson City

d. STREET ADDRESS

723 St. Mary's Blvd.3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

FrancesMargaretSchroer

4. DATE OF DEATH

Month

Day

Year

July141962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-25-1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

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

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Jefferson City, Missouri

12. CITIZEN OF WHAT COUNTRY

American

13a. FATHER'S NAME

August Genben

13b. MOTHER'S MAIDEN NAME

Elizabeth Fuchs

14. NAME OF HUSBAND OR WIFE

Otto Lambert Schroer

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.

Unknown

17. INFORMANT

Iberne Schroer

Address

723 St. Mary's

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b)

Hypertensive heart disease

DUE TO (c)

Hypertension

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☐ Unknown19. 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 16.)

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 11-16-60 to 7-14-62 and last saw her alive on 6-11-62  
Death occurred at 7:55 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Carl F. Richter MD

22b. ADDRESS

308 W. W. S. County

22c. DATE SIGNED

7-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-17-1962

23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

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

Jefferson City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Tanner Funeral Home Inc. J.C. Mo.

25. DATE RECD. BY LOCAL REG.

17 July 1962

26. REGISTRAR'S SIGNATURE

R. Richter MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS JUL 24 1962

OCT 16 1962

### 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 Ormer Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.