

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034318

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 5993 Registrar's No. 46

FILED SEP 28 1962	
1. PLACE OF DEATH	
a. COUNTY Gasconade	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roark Twp	a. STATE Mo b. COUNTY Gasconade
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OR Greene Valley Nursing Home	c. CITY OR TOWN Hermann Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b 18 days	d. STREET ADDRESS (If outside, give location) 400 East 3rd Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
ANNA BERTHA SCHLEMEYER	
4. DATE OF DEATH Month Day Year	
Sept 21 1962	
5. SEX Female	6. COLOR OR RACE Cau.
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/8/1872
9. AGE (last birthday) 90	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY Household
11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Gustave Ross	13b. MOTHER'S MAIDEN NAME Auguste Grotius
14. NAME OF HUSBAND OR WIFE Wm Schlemeyer Sr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No	16. SOCIAL SECURITY NO. None
17. INFORMANT Herm. Schlemeyer, Hermann, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
21. I attended the deceased from 1953 to 9-21-62 and last saw her/him alive on Sept. Death occurred at 7:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) George Workman M.D.	22b. ADDRESS HERMANN, MO
22c. DATE SIGNED 9-23-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/24/62
23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery	23d. LOCATION (City, town, or county) (State) Hermann Mo
24. FUNERAL DIRECTOR Herman Blumer Inc ADDRESS Hermann, Mo	25. DATE RECD. BY LOCAL REG. 9-23-62
26. REGISTRAR'S SIGNATURE Delma Uffelman	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

VS 300 Rev. 4/59
 10370
 20371
 3
 4 1
 5 2
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 7 2
 8 0
 9332X
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 11
 12 86-0
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

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 *Roger W. Blum*

Licensed Embalmer No. 5055

P. O. Address Hermann, 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.