

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

12685

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **2106 Linton Ave**)

File No.....

Registered No. **4004**

St. .... Ward)

**2. FULL NAME**

*Euphania C. Schroer*

(a) Residence. No. **2106 Linton** St., **9** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **75** yrs. mos. ds. How long in U. S., if of foreign birth? **75** yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

*Female*

**4. COLOR OR RACE**

*White*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

*Widowed*

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

*John W. Schroer*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** *10-28-1840*

**7. AGE**

YEARS

MONTHS

DAY

IF LESS than 1 day, ..... hrs. or ..... min.

*90*

*5*

*0*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....

*At Home*

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*Germany Ia.*

**10. NAME OF FATHER**

*Unknown*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Unknown Ia.*

**12. MAIDEN NAME OF MOTHER**

*Unknown*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Unknown*

**14.**

INFORMANT

(Address)

*Mrs James Donley  
2106 Linton Ave*

**15.**

FILED

19

*May C. Stankley*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**2**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *March 28 1931*

**17.** I HEREBY CERTIFY, That I attended deceased from *Jan 1<sup>st</sup>* *January* 19*31*, to *March 28* 19*31*, that I last saw him alive on *March 27* 19*31*, and that death occurred, on the date stated above, at *7:30 a. m.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Acute Cardiac dilatation*

*935  
955*

(duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

*Myocarditis Chronic*

(duration) *10* yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF DEATH.....

**0** DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

*Clinical*

(Signed) *Thomas M. Martin* M. D.

*3/28, 1931 (Address) 607 no Grand.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

*Cabary Cemetery*

*4/1 1931*

**20. UNDERTAKER**

ADDRESS

*H. A. Stock Wood Co*

*2117 E. Grand*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

From the  
Wood & Lake