

REC'D APR 11 1939

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

10155
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
(b) Township Washington Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. 2501 Felix Street St. 313
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emma Schroers
(a) Residence, No. 2501 Felix St., St. Joseph St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Edward G. Schroers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 19, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

FATHER 13. NAME George Sprengel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Eva Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Harry Schroers,
(ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet DATE Mar 25, 1939

19. FUNERAL DIRECTOR Walter Meierhoffer
(ADDRESS) 1302 Faraon St., St. Joseph

20. FILED Mar 25, 1939 H. J. Nestlebaum
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1938, to Mar 23, 1939
I last saw h. er alive on Mar 29, 1939 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset Mar 19/39

Other contributory causes of importance:
Hypertension
arterio sclerosis

Name of operation none Date of ✓
What test confirmed diagnosis: clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19...
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓
(Signed) J. J. Thompson, M. D.
(Address) 825 Charles, St. Joseph

WRITE PLAINLY, WITH UNFADING INK. THIS IS A VITAL RECORD. 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.

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I. X12004

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____



Licensed Embalmer No. Mo. 3946

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.)