

REC'D SEP 14 1939

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

29094

Do not use this space.

1. PLACE OF DEATH

(a) County FRANKLIN 2 Registration District No. 292
(b) Township BOUEFF 1 Primary Registration District No. 3-410 Registered No.
(c) City (d) Street No. St.
(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

1236 ANNA SCHROEDER
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 9:30 PM

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 CHARLES SCHROEDER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 1 - 1864

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 26 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug. 25 1939, to Aug. 26 1939
I last saw her alive on Aug. 26 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 0 25
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.....

cerebral apoplexy
Date of onset Aug. 25 1939
Other contributory causes of importance: 82

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BERGER MO13. NAME HENRY MEHRHOFF 614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 615. MAIDEN NAME VON BEHREND16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT THEO MEHRHOFF (ADDRESS) NEW HAVEN MO18. BURIAL, CREMATION, OR REMOVAL PLACE DEBATE GROVE DATE 17 AUG 29 193919. FUNERAL DIRECTOR (NAME) HERMAN BLUMER (ADDRESS) BERGER, MO 26520. FILED Aug 28 1939 Jeffie Grammesau Local Registrar.

Name of operation Date of
What test confirmed diagnosis? Physical 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) John Engelbrecht, M. D.
(Address) Stanhly Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed HERMAN BLUMER

Licensed Embalmer No. 528

P. O. Address BERGER, 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 this body is not embalmed, above space should be left blank.