No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21568

JUL 12 1940

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 157

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole 2

(b) City or town Jefferson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1114 ~~West~~ McCarty St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 71 yrs years, months or days) 600

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town Jefferson City Mo (If outside city or town limits, write "RURAL")

(d) Street No. 1114 ~~West~~ McCarty St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Herman Schroer.

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 12 (Day) 1869 (Year)

8. AGE: Years 71 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Jefferson City (City, town, or county) Mo (State or foreign country) 6

10. Usual occupation Laborer 6

11. Industry or business

FATHER
12. Name Albert Schroer 6
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Briggs
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Otto Schroerer

(b) Address Jefferson City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 27 (Day) 1940 (Year)

(c) Place burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Thorp J. Gordon

(b) Address Jefferson City Mo.

19. (a) 6/25/40 (Date received local registrar) (b) J. V. Bradford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1940 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Coroners, to Case, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Valvular Heart	
Due to Disease	
Due to — 92 W	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank J. Nichols, Coroner (M. D. ~~or other~~) 0

Address Mokane Mo. Date signed 6-25-40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Louis Quest

Licensed Embalmer No. 4096

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.