

Registration District No. _____

Primary Registration District No. 6176

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Treloar
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 30 years

3. (a) PRINT FULL NAME Emilie Elisa Schroer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 11 4 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Carl H. Meyer

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Charlotta Wothage

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Edwin Schroer

(b) Address Treloar Mo

17. (a) Burial (b) Date thereof Dec-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holstein Mo

18. (a) Signature of funeral director Fred W. Schuster

(b) Address Mantolokingville Mo

19. (a) 12/12/41 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Treloar

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1941 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 6
1941 to Dec 11 1941;
that I last saw her alive on Dec 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Artery Disease
Duration 4 days

Due to General Arteriosclerosis 15 years

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a PHYSICIAN _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____
(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harper H. Schmidt (M. D. or other) _____
Address Mantolokingville, Mo Date signed Dec 13 41

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

09
00

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

Fred W. Lichtenberg

Licensed Embalmer No. *1321*

P. O. Address *Marthasville*

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, fact should be so stated above.