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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 9 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
5570

State File No. **28062**

Registration District No. **148**

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County **Jackson**  
(b) City or town **Levasy**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**her own home** /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **0** (Specify whether  
In this community **40 yrs** years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Levasy**  
(If outside city or town limits, write "RURAL")  
**in town**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **X**

3. (a) PRINT FULL NAME **Winnie F. Schroer**

3. (b) If veteran, name war **no** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **wh**  
6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased **Nov. 15. 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**73 9 15** hr. min.

9. Birthplace **St Charles County Mo. 6**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **her own home work**

12. Name **Fredrick Bergscheider**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **not known**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Orlando Schroer**  
(b) Address **Buckner, Missouri**

17. (a) **Burial** (b) Date thereof **9-1st/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Buckner Cemetery**

18. (a) Signature of funeral director **D.M. Reppert**  
(b) Address **Buckner Missouri**

19. (a) **8/31/47** (b) **D.M. Reppert**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug** day **30**  
year **1947** hour **6:00** minute **PM** M.

21. I hereby certify that I attended the deceased from **Aug 23rd** to **Aug 30**, 19**47**.  
that I last saw h. **her** live on **Aug 30**, 19**47**.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cerebral Hemorrhage**  
Due to **Hypertension**  
Due to **X**  
Other conditions **X**  
(Include pregnancy within 3 months of death)

Duration  
**3 hr**

Major findings:  
Of operations **no 83A**  
Of autopsy **X**

**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) **X**  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? **X** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**X** (Specify type of place) (e) Means of injury **A**  
While at work? **X**

23. Signature **J. W. Robertson** (M. D. or other) **MD**  
Address **Buckner Missouri** Date signed **8/31/47**

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

MOTHER FATHER

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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.....

*Ralph O Jones*....., Registered Apprentice No. *41*.....  
working under my personal supervision.

Signed..... *Vernon M. Reppert*.....  
Licensed Embalmer No. *2371*.....  
P. O. Address..... *Buckner*.....

**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.**