S. No. 300
v. 10.48

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

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40317

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. _____

1360

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNION
c. LENGTH OF STAY (in this place): 77
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNION
d. STREET ADDRESS (If rural, give location): South Oak

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): B.
c. (Last): Schroeder

4. DATE OF DEATH (Month) (Day) (Year): Dec 11, 1950

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Sept 1, 1879
9. AGE (In years last birthday): 71
If under 1 year: Months: 3 Days: 10
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): Port Hudson
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fritz Hoblmann
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Edward Schroeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Edward Schroeder
ADDRESS: Union

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 170X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* 12-11-, 1950, *that I last saw the deceased alive on* 12-10, 1950, *and that death occurred at* 9:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Denny (Degree or title): M.D.
23b. ADDRESS: Union Mo
23c. DATE SIGNED: 12-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-14-1950
24c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Union, Missouri

DATE REC'D BY LOCAL REG.: Dec 14-1950
REGISTRAR'S SIGNATURE: F. A. Cooper Efc 98
25. FUNERAL DIRECTOR'S SIGNATURE: Union Funeral Home
ADDRESS: Union

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 13 1950
DISTRICT HEALTH OFFICE No. 4
File No. _____

AUG 6 1956

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Harlan H. Johnsmeier

Licensed Embalmer No. 4488

P. O. Address Union, Missou

Signed _____
Student Embalmer

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, fact should be so stated above.