

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23578

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, write RURAL and give township) CONCORDIA		c. CITY (If outside corporate limits, write RURAL and give township) CONCORDIA	
c. LENGTH OF STAY (in this place) 6 YRS		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) WILHELMINA		b. (Middle)	
c. (Last) SCHROEDER		4. DATE OF DEATH (Month) (Day) (Year) Aug 2 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH DEC 26. 1866
9. AGE (In years last birthday) 84		10. KIND OF BUSINESS OR INDUSTRY RETIRED HOUSEWIFE	11. BIRTHPLACE (State or foreign country) VERMONT MO 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME AUGUST FINKELDEI		13b. MOTHER'S MAIDEN NAME CAROLINE KIPP	
14. NAME OF HUSBAND OR WIFE JOHN SCHROEDER DEC			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME RALPH SCHROEDER		ADDRESS CONCORDIA MO	
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, asthma, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident, struck by train. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mrs. Died within matter of minutes, struck and hemorrhaged. DUE TO (c) and hemorrhage. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Seizure.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 054 5802 X 35	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Concordia, Frieda Polynth In			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Struck by train			
22. I hereby certify that I attended the deceased from _____, 19____, to Aug 2, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:45 a.m., from the causes and on the date stated above.			
23a. SIGNATURE W. White M.D. Corvey		23b. ADDRESS 0 dessa m	
23c. DATE SIGNED 8-2-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 4, 1951	
24c. NAME OF CEMETERY OR CREMATORY ST. PETERS		24d. LOCATION (City, town, or county) (State) FLORA MO	
DATE REC'D BY LOCAL REG. Aug 6-1951		REGISTRAR'S SIGNATURE Clayton N. Sandrum 154	
25. FUNERAL DIRECTOR'S SIGNATURE E.S. James		ADDRESS Concordia, Mo	

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

RECEIVED 8-14-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 8-14-51 -----

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 me

Student Embalmer No. -----

working under my personal supervision.

Student -----
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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, fact should be so stated above.