

FILED JAN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44947**

BIRTH NO.		REG. DIST. NO. 367	PRIMARY REG. DIST. NO. 4531	Registrar's No. 71
1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren		
b. CITY (If outside corporate limits, write RURAL and give town) Warrenton		c. LENGTH OF STAY (in this place) 3 weeks	c. CITY (If outside corporate limits, write RURAL and give township) Holstein 1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Augusta		b. (Middle) Christina	c. (Last) Schroer	4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 20, 1864	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 0 IF UNDER 12 HRS. Days 8 Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Kunze		13b. MOTHER'S MAIDEN NAME Mary Schoppenhorst	14. NAME OF HUSBAND OR WIFE Alfred Schroer, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lawrence Dustman, Warrenton, 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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 year 3 yr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> 4221
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 28, 1953 , to Dec 28, 1953 , that I last saw the deceased alive on Dec 27, 1953 , and that death occurred at 2:45am. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		(Degree or title) MD	23b. ADDRESS Warrenton Mo	23c. DATE SIGNED 12/29/53
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-30-53	24c. NAME OF CEMETERY OR CREMATORY Immanuel's E & R Church	24d. LOCATION (City, town, or county) (State) Holstein, Mo.	
DATE REC'D BY LOCAL REG. 12-30-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS F.W.Nieburg & Co., Warrenton, Mo.	

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

1090

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. ~~3897~~.....

Signed.....

John J. Kielbaso
Licensed Embalmer No. *3897*

Signed.....
Student Embalmer

P. O. Address *Warrenton, 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.