

FILED OCT 27 1955 STANDARD CERTIFICATE OF DEATH

State File No. 35774

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6239 Registrar's No. 8

1. PLACE OF DEATH  
a. COUNTY Warren

b. CITY (If outside corporate limits, write RURAL and give town or township) Holstein c. LENGTH OF STAY (in this place) 73 yrs.

c. CITY OR TOWN Holstein d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_ e. STREET ADDRESS (If rural, give location) R.F.D. Treloar 10460

3. NAME OF DECEASED  
a. (First) Theodore b. (Middle) William c. (Last) Schroer

4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Dec. 7, 1881 9. AGE (In years last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Construction 11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Schroer 13b. MOTHER'S MAIDEN NAME Emelia Meyer 14. NAME OF HUSBAND OR WIFE Johanna Stieferman

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 486-34-0589 17. INFORMANT'S SIGNATURE OR NAME Mrs. Theo. Schroer, R.R. Treloar, Mo. ADDRESS \_\_\_\_\_

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion  
INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) 4201

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

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) Holstein Warren Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. H. Knippe (Coroner) 23b. ADDRESS Warrenton Mo 23c. DATE SIGNED Oct 15/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-17-55 24c. NAME OF CEMETERY OR BURIAL PLACE Ammanuels E & R Church 24d. LOCATION (City, town, or county) (State) Holstein, Mo. (State)

DATE REC'D BY LOCAL REG. (Oct 17/55) REGISTRAR'S SIGNATURE [Signature] 334 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.

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

OCT 21 1955

OCT 28 1955

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John Thiburg*.....

Licensed Embalmer No. *3*

P. O. Address *Warrenton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.