

FEDERAL BUREAU OF INVESTIGATION

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FILED VS

JUL 12 1960

60-025603
61-125603

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Warren</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrenton</u> Length of stay in 1b <u>13 months</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u> c. CITY OR TOWN <u>Treloar</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Treloar</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Katie Jane Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Treloar</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Adelia</u> Middle <u>Amona</u> Last <u>Schroer</u>			4. DATE OF DEATH Month <u>June</u> Day <u>16</u> Year <u>1960</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-20-1879</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Warren County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Simon Lichtenberg</u>	13b. MOTHER'S MAIDEN NAME <u>Lisette Lineker</u>	14. NAME OF HUSBAND OR WIFE <u>Otto Schroer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT Address <u>Otto Schroer Warrenton, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Recurrent Cerebral Vascular Accident</u> <u>Senile Dementia</u> DUE TO (b) <u>Generalized Arteriosclerosis with Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Pyonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> " "
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from April 1947 to June 16, 1960 and last saw her alive on June 15, 1960
 Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dr. or title) 	22b. ADDRESS <u>Warrenton, Missouri</u>	22c. DATE SIGNED <u>6-23-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-18-60</u>	23c. NAME OF CEMETERY <u>Immanuels E & R Church</u>	23d. LOCATION (City, town, or county) (State) <u>Holstein, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>F.W. Nieburg & Co., Warrenton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>June 23, 1960</u>	26. REGISTRAR'S SIGNATURE
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA JUL 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Hieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.