

JAN 8 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43313
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township Washington, Mo. Primary Registration District No. 3016 Registered No. 102
 (c) City Washington, Mo. (d) Street No. St. Francis Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

526 Minnie C. Schwenker
 (a) Residence, No. 117 Elm St., Washington, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Milliner
 9. Industry or business in which work was done, as saw mill, bank, etc. Millinery Store
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Boueff Creek
 (STATE OR COUNTRY) Franklin County, Missouri

FATHER 13. NAME Charles Schwenker
 14. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Louise Klein
 16. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Germany

17. INFORMANT Henry Schwenker
 (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Boueff Creek, Mo. DATE Dec. 10, 1939

19. FUNERAL DIRECTOR (NAME) Otto & Co.,
 (ADDRESS) Washington, Missouri.

20. FILED Dec. 9 - 1939 H. D. May
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 - 1939

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1939, to Dec 7, 1939
 I last saw him alive on Dec 7, 1939 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis
131
 Date of onset Heart
known

Other contributory causes of importance:
Chronic Myocarditis and Aortic Atherosclerosis
Heart known

Name of operation None Date of 1939
 What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) R. P. Cutler, M. D.

(Address) Washington, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1561

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,

H. J. Otto

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Henry J. Otto

Licensed Embalmer No. 3560

P. O. Address Washington, 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, above space should be left blank.