S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10889

Registration District No. 293 Primary Registration District No. 5411 Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) ~~City or town~~ Rural (Boles) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Tavern Rd. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) 2
In this community 66 yrs. 2 mo. 22 ds.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Little Tavern Rd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 320 Charles Schueddig
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Schueddig
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Jan. (Month) 4 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
66	2	22	hr. min.

9. Birthplace Franklin, Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business Own farm
FATHER
12. Name Charles Schueddig
13. Birthplace (City, town, or county) Germany (State or foreign country) 6
MOTHER
14. Maiden name Marie Klophase
15. Birthplace (City, town, or county) Germany (State or foreign country) 6
16. (a) Informant Minnie Schueddig
(b) Address Pacific Mo. R.-1
17. (a) Burial Washington, Mo (Burial, cremation, or removal) (b) Date thereof 3-29-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Harry Schrader
(b) Address Ballwin, Mo. 266
19. (a) 3-27-40 (Date received local registrar) (b) Mary B. Goss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1940 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from May 13th, 1939, to March 26, 1940 that I last saw him alive on March 26th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure sudden	
Due to Endo Myo Carditis, with Valvular leakage & Vegetations, also	?
Due to chronic Parenchymatous Nephritis	?
Other conditions Anasarca (Include pregnancy within 3 months of death)	?

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature C. F. Briegleb (M. D. or other) MD
Address St. Clair, Mo Date signed 27 March 40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin Mo

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

If this body is not embalmed, above space should be left blank.