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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6608

Registration District No. 306 Primary Registration District No. 5424 Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County GASCONADE

(b) City or town Rural Boeuf (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community entirelife years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Alvina Esther Schoening

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ferd

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan. (Month) 11 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
42	11	28	hr. min.

9. Birthplace Gasconade County (City, town, or county) Rural (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business .....

FATHER
12. Name Ben Allemann.
13. Birthplace Gasconade Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Meyer
15. Birthplace Detmold, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ferd Schoening

(b) Address Hermann, Mo. RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 42 (Month) (Day) (Year)

(c) Place: burial or cremation St. James Cemetery

18. (a) Signature of funeral director Herman Blumer

(b) Address Berger Mo

19. (a) Jan. 10 42 (Date received local registrar) (b) John Engelbrecht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1942, to Jan. 9, 1942 that I last saw her alive on Jan. 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Infection of a carbuncle on her neck

Due to Blood Poison

Due to .....

Other conditions (Include pregnancy within 3 months of death) 24a

Major findings:
Of operations None
Of autopsy None

Duration

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 John Engelbrecht (M. D. or other)

Address Stony Hill, Mo Date signed 1-10-42

277 (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 Herman Blumer

Licensed Embalmer No. 528

P. O. Address Berger, Mo.

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

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