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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

Registration District No. 756

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6998

State File No. 22155

Registrar's No. 342

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: Portage Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR #3 - Black Walnut, Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles
(c) City or town: Rural Route 3 (If outside city or town limits, write "RURAL")
(d) Street No.: Black Walnut, Mo (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Louise Schoene
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: Widowed
6. (b) Name of husband or wife: William Schoene
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: January (Month) 13 (Day) 1860 (Year)
8. AGE: Years 82 Months 5 Days 13 If less than one day ..... hr. ..... min.
9. Birthplace: St. Charles (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: .....
FATHER
12. Name: Frederick Kipp
13. Birthplace: Unknown - (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Anna Siekman
15. Birthplace: Unknown - (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Julius Schoene
(b) Address: Black Walnut, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 28 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Orchard Farm, Mo
18. (a) Signature of funeral director: W. C. Dallmeyer & Son Co
(b) Address: 801-3-5 N. Second, St. Charles, Mo
19. (a) June 27, 1942 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1942 hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from Feb 23 1942 to June 25 1942 that I last saw h. alive on ..... 19..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilatation of	
Due to: Heart.	3 days
Due to: Chronic Myocarditis	6 yrs
Other conditions: + Gen Art sclerosis (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations: No
Of autopsy: No

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: A. P. Erich Schulz M.D.
Address: St Charles Mo. Date signed 6/29/42

679 (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 John E Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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, fact should be so stated above.