

791 STANDARD CERTIFICATE OF DEATH 1003

State File No. 23094  
Registrar's No. 6231

Filed AUG. 6 1942  
Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County  
(b) City or town. St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 18 days.  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME. Elmer Frederick Schewe

(b) If veteran, name war. World War #1 (c) Social Security No. no.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. — years

7. Birth date of deceased. Nov (Month) 9 (Day) 1881 (Year)

8. AGE: Years Months Days If less than one day  
60 8 13 hr. min.

9. Birthplace. Mascoutah Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Doctor of Medicine

11. Industry or business. General Practitioner

12. Name. Gust J. Schewe

13. Birthplace. Mascoutah Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name. Anna Damber

15. Birthplace. Mascoutah Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant. Anna Schewe

(b) Address. Mascoutah Ill.

17. (a) Removed (b) Date thereof. 7/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mascoutah Ill.

18. (a) Signature of funeral director. E. G. J. Moll.

(b) Address. Mascoutah Ill.

19. (a) JUL 23 1942 (Date received local registrar) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Illinois (b) County. 999  
(c) City or town. Mascoutah 11 NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 North Lebanon St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1942 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 5, 1942, to July 22, 1942  
that I last saw him alive on July 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of rectum

Due to

Due to

Other conditions. Myocardial infarction  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. Carcinoma of rectum

Of autopsy. As above

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. F. R. Bradley (M. D. certified)  
Address. Barnes Hospital Date signed 7-22-42

MAR 4 1943

MAR 2 1943

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

*E. G. L. Moll*

Registered Apprentice No.

working under my personal supervision.

Signed

*E. G. L. Moll*

Licensed Embalmer No. *2898*

P. O. Address *Mason's Hill*

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.