

Registration District No. 203

Primary Registration District No. 4193

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

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
E. 8th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. E. 8th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT SOPHIE MARY SCHWEERKOTTING
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 April 27 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Case Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Frank Schweerkotting

13. Birthplace Case Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Westenfield

15. Birthplace Morresville, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Schweerkotting

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 8/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Missouri

19. (a) Aug 3-42 (b) C. H. Sedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd.
year 1942 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from Nov. 30, 1941, 19 _____, to August 2, 1942, that I last saw her alive on August 2, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis Duration 12 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/a

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature [Signature] (M. D. or other) D.O.

Address Hermann, Mo. Date signed 7/3/42

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.....

Hugh H. Blum

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.