

7. S. No. 2
M-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 3 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34498

State File No. _____

Registration District No. 273

Primary Registration District No. 5916

Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 69-9-3 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(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? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Schwein

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1942 hour 1 minute _____ A.M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Anna Schwein 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 19 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 14 1942 to Oct 22 1942
that I last saw him alive on Sept 25 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 9 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Artery
Restenosis

Duration 1 1/2 hr.

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farming

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name Andrew Schwein

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

14. Maiden name Catharond Lohman

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Alvin Schwein

(b) Address Perryville RFD. # 2

17. (a) Burial (b) Date thereof Oct. 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Biehlo Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Oscar A Cannon (M.D. _____)
Address Perryville Mo Date signed 10-23-42

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo

19. (a) 10-23-42 (b) O Schwein
(Date received local registrar) (Registrar's signature)

1115

RECEIVED

District Health Officer No. 3

District File Number 1142-1342

Date Filed 11-6-42

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 *Charles H. Perry*

Licensed Embalmer No. 2138

P. O. Address *Perryville 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.