

FILED NOV 23 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9456

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(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.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jasper
(c) City or town Newton
(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 Mrs. Ella Schenbacher

3. (b) If veteran. name war. (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 Julius 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 16th 1893 (Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Bernard Fehrenbacher

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

14. Maiden name Carrie Obert

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

16. (a) Informant Julius Fehrenbacher

(b) Address Newton, Ill.

17. (a) Removal (b) Date thereof 11-12-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) NOV 12 1942 (b) J. F. Biedeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th year 1942 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 5th 1942, to Nov 11th 1942, that I last saw her alive on Nov 11th 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Anterior Poliomyelitis
Due to: Anterior Poliomyelitis
Due to:
Other conditions: (Include pregnancy within 3 months of death):

Major findings: Of operations: Of autopsy:

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?

While at work? (Specify type of place) (a) Means of injury

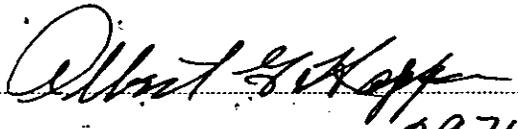
23. Signature: E. N. Sutherland (M. D. or other)
Address: BARNES HOSPITAL Date signed

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

DEAN

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..... 

Licensed Embalmer No..... 2971

P. O. Address.....

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.