

S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3234

State File No. _____

Registration District No. 370

Primary Registration District No. 3058

Registrar's No. 13

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles

(c) Name of hospital or institution: St. Joseph Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether life) (years, months or days)

3. (a) PRINT FULL NAME Frank Henry Schwendemann

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. 20 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 0 25 hr. min.

9. Birthplace St. Peters, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Frank X. Schwendemann

13. Birthplace St. Charles County, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hartje

15. Birthplace Cottleville, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Schwendemann

(b) Address 303 No. 5th, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof I-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, Mo.

18. (a) Signature of funeral director Geo. Stiefvater

(b) Address St. Peters, Mo.

19. (a) 1-15-43 (Date received local registrar)

(b) Charence J. Wischer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Peters, rural
(If outside city or town limits, write "RURAL")

(d) Street No. one mile south of St. Peters
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. ## day 14
year 1943 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from October
1942 to Jan 14 1943
that I last saw him alive on Jan 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Progressive cerebral hemorrhage leading to hemiplegia
Do not know - probably local arteriosclerosis.

Due to _____

Due to _____

Other conditions Gastric ulcer, mild
(include pregnancy within 3 months of death)

Major findings hypertension

Of operations _____

Of autopsy _____

Duration 10 days

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 _____

23. Signature Vernon A. Schuster (M. D. or other) MD

Address St Charles Mo Date signed 1/15/43

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

92
3

92
0

1

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 E. A. Kelly

Licensed Embalmer No. 827

P. O. Address Pallau 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, above space should be left blank.