S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43023

FILED DEC 16 1943

Registration District No. 547

Primary Registration District No. 6076

Registrar's No. 2764

1. PLACE OF DEATH:

(a) County: ST LOUIS

(b) City or town: St Ferdinand Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Shepley Dr.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: ST LOUIS

(c) City or town: ST FERDINAND TOWNSHIP (If outside city or town limits, write "RURAL")

(d) Street No.: Shepley Dr. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: HERMAN SCHEWE

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: MALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: SEPTEMBER (Month) 3 (Day) 1843 (Year)

8. AGE: Years 100 Months 3 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace: GERMANY (City, town, or county) 4 (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business .....

FATHER
12. Name: GOTTLIEB SCHEWE
13. Birthplace: GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Ida Schewe
(b) Address: Shepley Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 14 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: New Bethlehem

18. (a) Signature of funeral director: Budermeier Funeral Home
(b) Address: 1936 St Louis Ave.

19. (a) DEC 14 1943 (Date received local registrar) (b) E. D. McBaran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER Day 12 Year 1943 Hour 8 Minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 8 — 1943, to Dec 12 1943, that I last saw alive on Dec 12 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Bronchitis	4 days
Due to: La Grippe	7 days
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none 33a
Of autopsy: none

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): no
(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: N. F. Miller (M. D. or coroner)
Address: 8410 N. Broadway Date signed: 12/14/43

(Licensed Embalmer's Statement on Reverse Side)

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. 3737

P. O. Address 1936 St. Louis

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.