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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10476

Registration District No. 92 Primary Registration District No. 1000 Registrar's No. 307

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2220 Dewey 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 76 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph 7 (If outside city or town limits, write "RURAL")

(d) Street No. 2220 Dewey (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rosa May Schwien

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Leo

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

7. Birth date of deceased May (Month) 31 (Day) 1867 (Year)

8. AGE: Years 76 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Christian Schultz
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Fredrica Wells
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant LeRoy Schwien

(b) Address St Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St Joseph, Mo

19. (a) 3-31-44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1944 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from March 28, 1944, to March 28, 1944; that I last saw her alive on March 28, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Arterio Scl. Gen.	—
Due to	
Other conditions Senile dementia - (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

83a1

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Frank Hadegain (M. D. or other)

Address 620 Francis St Joseph, Mo Date signed 3/30/44

1233

(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 Robert K Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.