

FILED OCT 9 1944

Registration District No. 5303 Primary Registration District No. 3010

Registrar's No. 315

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: ST. FRANCIS Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER

(c) City or town GLEN ALLEN
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME GEORGE WASHINGTON SCHWERING

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 22 year 1944 hour 2:00 minute 55 A. M.

21. I hereby certify that I attended the deceased from 9-15 1944 to 9-22 1944 that I last saw him alive on 9-22 1944 and that death occurred on the date and hour stated above.

4. Sex M 5. Color of race W

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

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

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 20 1895
(Month) (Day) (Year)

Immediate cause of death Pneumonia (lobar)

Due to _____

Due to _____

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

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

| | | | |
|----|---|---|----------|
| 49 | 2 | 2 | hr. min. |
|----|---|---|----------|

9. Birthplace Glen Allen Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

Major findings: Of operations _____

Of autopsy 108

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

11. Industry or business _____

12. Name HENRY F. SCHWERING

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

14. Maiden name MAMMIE FUNKE

15. Birthplace NEWPORT KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Schwering

(b) Address Glen Allen, Mo.

17. (a) Burial (b) Date thereof Sept. 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glen Allen, Mo.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Luttrellville Mo.

19. (a) 9-28-44 (b) P. W. Phelps
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Ab Smith (M. D. or other) 215

Address Rayl Crossedon Date signed 9/24/44

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

6
1
4

RECEIVED

Death Officer No. 4
Dis. No. 1044-4391
Date Recd. 10-7-44

OCT 17 1944

OCT 10 1944

OCT 9 1944

JUN 26 1945

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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.