S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1944

Registration District No. 3958

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35141

Primary Registration District No. 3058

Registrar's No. 135

1. PLACE OF DEATH:

(a) County: ST CHARLES

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

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

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 713 Clay Street (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Helen Schoene

3. (b) If veteran, name war: None

3. (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: Francis Schoene

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

7. Birth date of deceased: April 4, 1905 (Month) (Day) (Year)

8. AGE: Years 39 | Months 5 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace: St. Charles, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: August Stiegemeier

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

MOTHER

14. Maiden name: Lizetta Dickmann

15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Francis Schoene

(b) Address: St Charles Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 7, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Johns Cemetery

18. (a) Signature of funeral director: Hackmann-Baur

(b) Address: 326 N 6th St, St Charles Mo.

19. (a) Sept 7, 1944 (Date received local registrar) (b) Ernst E. Paul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th year 1944 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 13, 1942 to Sept 1-44, 19__; that I last saw him alive on August 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart failure — Duration

Due to: Chronic rheumatic Disease - secondary to Scarlet Fever — Duration

Due to: infection - in childhood — Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 92d

Of autopsy:

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

23. Signature: Vincent A Schmitz (M. D. or other) MD

Address: St Charles, Mo Date signed 9/5/44

1340

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1949

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-13-44

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 Arthur C. Baue

Licensed Embalmer No. 3 N V

P. O. Address St Charles 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.