

FILED FEB 16 1945  
Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 413

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 37 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Monroe  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Waterloo, Ill. R. F. D. 3  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles 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 widowed  
6. (b) Name of husband or wife Mena Schewe 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased Oct. 14 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace New Hanover Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business grain farming

MOTHER FATHER { 12. Name Fred Schewe  
13. Birthplace Don't know Gerneny  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Fraimuth  
15. Birthplace Don't know Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Arn Schewe  
(b) Address Waterloo, Ill.

17. (a) removal (b) Date thereof 2-12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Ill.

18. (a) Signature of funeral director Aug M. Jaquet  
(b) Address Waterloo, Ill.

19. (a) 2/12/45 (b) E. J. McLaughlin  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1945 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 8  
1945 to Feb 11 1945;  
that I last saw him alive on Feb 10 1945;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Senility Duration \_\_\_\_\_

Due to generalized arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy 97  
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 \_\_\_\_\_  
Signature A. J. Muller (M. D. or other) \_\_\_\_\_  
Address 3507 Polaris Date signed 2-12-45

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

006

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Ben H. Baldurn  
Licensed Embalmer No. 2420  
P. O. Address East Haverhill

**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.**