

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31345

State File No. \_\_\_\_\_

FILED OCT 13 1945

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 130

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

1. PLACE OF DEATH: St Charles

(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's Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Jessie L. Schierding

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 John Schierding 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 21, 1888  
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Montgomery County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Perry

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

14. Maiden name Wina Broshi

15. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John Schierding

(b) Address St Charles, Mo

17. (a) Burial (b) Date thereof Sept. 12, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Hackmann - Bone

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

19. (a) Sept 12, 1945 (b) Ernest G. Paul  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town St. Charles 9  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 710 South Main Street  
(If rural, give location) 0

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9  
year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 7 1945 to Sept. 9 1945  
that I last saw her alive on Sept. 8 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 day

Due to Hypertension 7

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

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

Major findings: Of operations \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 9-12-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-12-45

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. Bauer

Licensed Embalmer No. 3155

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.**