

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32336**
Registrar's No. **9506**

FILED NOV 10 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....**St. Louis**

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

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

(d) Length of stay: In hospital or institution.....**10 days**
(Specify whether)

In this community.....**Life**
(years, months or days)

3. (a) PRINT FULL NAME.....**Frederick W. Schewe**

3. (b) If veteran, name war.....**No**

3. (c) Social Security No.....**488-07-1543**

4. Sex.....**Male** 5. Color or race.....**White**

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

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

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

7. Birth date of deceased.....**January 14, 1897.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	9	17	hr. min.

9. Birthplace.....**St. Louis County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Title Examiner**

11. Industry or business.....**Title Insurance Co.**

12. Name.....**William H. Schewe**

13. Birthplace.....**St. Louis, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name.....**Carrie Althoff**

15. Birthplace.....**St. Louis, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Miss Mamie Schewe**

(b) Address.....**4882 San Francisco Ave.**

17. (a) **Burial** (b) Date thereof.....**Nov. 5, 1945.**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director.....**Calvin F. Feutz Funeral Home**

(b) Address.....**4828 Natural Bridge Blvd.**

19. (a) **NOV 2 1945** (b) *J. [Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**St. Louis**

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

(d) Street No.....**4882 San Francisco Ave.**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1st**
year.....**1945** hour **2:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 15, 1945**, to **Nov 1, 1945**, that I last saw him alive on **Nov 1, 1945**, and that death occurred on the date and hour stated above.

Immediate cause of death.....**Chronic Myocarditis, Congestive Heart Failure, Hypertension**

Due to.....

Due to.....

Other conditions.....**W.B.**
(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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signatur.....**Edison [Signature]** (M. D. or other)
Address **1504 So Grand** Date signed **11-2-45**

(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.....

John A. Milnar

Licensed Embalmer No. 4186

P. O. Address St Louis, 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.