

FILED MAY 6 1946
273

Registration District No. 273

Primary Registration District No. 5920

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Schmurbusch
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry
(c) City or town Schmurbusch
(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 _____

3. (a) PRINT FULL NAME

Louise Winschel

3. (b) If veteran, name war _____

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 John J. Winschel 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 1, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Ignatius Trapp
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schott
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John J. Winschel
(b) Address Schmurbusch, Mo.

17. (a) Burial (b) Date thereof 3-7-1946
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial Schmurbusch, Mo.

18. (a) Signature of funeral director Ben General Home
(b) Address Perryville, Mo.

19. (a) Mar 6, 1946 (b) Joe J. Zellan
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 15 1946 to Mar. 2 1946
that I last saw her alive on Mar. 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy 46K

Duration

1 yr

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. Signature O. Carron (M. D. or other) _____
Address Perryville Mo Date signed 3-5-46

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

RECEIVED

Health Officer No. 4
File Number 546-2039
Date Filed 5-3-46

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 Albert Bey
Licensed Embalmer No. 3866
P. O. Address Ferrynille, 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.