S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29972

Registration District No. 117 Primary Registration District No. 5435 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town "Rural" Boeuf Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Swiss 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 82 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade

(c) City or town Swiss - Rural
(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 LYDIA SCHOENING

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased Oct (Month) 16 (Day) 1863 (Year)

8. AGE: Years 82 Months 10 Days 28 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

MOTHER FATHER

12. Name Jacob Boesch 4

13. Birthplace (City, town, or county) Germany 1 (State or foreign country)

14. Maiden name Elizabeth Kraettly

15. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

16. (a) Informant Louis Schoening

(b) Address Hermann, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Swiss St. John Cemetery

18. (a) Signature of funeral director Augost Blumer

(b) Address Hermann, Mo

19. (a) 9-16-46 (Date received local registrar) (b) Mrs Ray Schnepenkotter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 1 day 14th 1946 year 1946 hour 10:30 minute a. M.

21. I hereby certify that I attended the deceased from March 14 1946 to Sept 14th 1946 that I last saw her alive on Sept 14th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 5 hours

Due to Arteriosclerosis — Years

Due to ____

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

Major findings: Of operations ____

Of autopsy ____

83 A

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 E. G. Rhodius (M. D. ~~Coroner~~)

Address Hermann Mo Date signed Sept 18/46

10 W (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-182
Date Filed 9-25-46

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 Hugo H. Blemmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.