. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13921

FILED MAY 8 1947

Registration District No. 1

Primary Registration District No. 5592

Registrar's No. 30

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(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 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON 50

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR PEVELY 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JACOB GSCHWEND

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife KATHERINE

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased AUG (Month) 29 (Day) 1867 (Year)

8. AGE: Years 79 Months 7 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace SWITZERLAND 5
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMER

FATHER
12. Name JOSEPH T. GSCHWEND
13. Birthplace SWITZERLAND 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BARBARA SUNDVACRE
15. Birthplace SWITZERLAND 5
(City, town, or county) (State or foreign country)

16. (a) Informant JACOB BETTENMANN
(b) Address PEVELY MO R.R. 1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 21 1947 (Month) (Day) (Year)
(c) Place: burial or cremation ST JOSEPH CATHOLIC CEMETERY

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO R.R. 2

19. (a) April 21 1947 (Date received local registrar) (b) Clara Bellinville (Registrar's signature) 11 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18
year 1947 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 9, 1947, to April 18, 1947
that I last saw him alive on April 18, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver	Nov 1947
Due to: Duodenal ulcer	Sept 1946
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy NONE	

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 [illegible] (M.D. or other)

Address Bonnerdale Mo Date signed 4/20/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed 5-7-47

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 Elmer A Feiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick 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.