

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

23883

FILED AUG 9 1947

State File No. _____

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Workman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town: Swiss
(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 FERDINAND HENRY SCHOENING

3. (b) If veteran, name war: ---
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married or divorced Widowed

6. (b) Name of husband or wife Lydia Schoening
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 30 1855
(Month) (Day) (Year)

8. AGE: Years 91 Months 9 Days 19
If less than one day hr. _____ min. _____

9. Birthplace: Bay Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: "Retired" Farmer

11. Industry or business _____

12. Name Ferdinand Schoening

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

14. Maiden name Minnie Homann

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

16. (a) Informant Mrs. Jacob Michel

(b) Address Hermann, Mo RED

17. (a) Burial (b) Date thereof 7-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swiss Ev. Cemetery

18. (a) Signature of funeral director Hugost Schuer

(b) Address Hermann, Missouri

19. (a) 7/21/47 (b) [Signature]
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 8
1947 to July 19 1947.

that I last saw him alive on July 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremia

Due to Prostatic hypertrophy

Due to acute & chronic urinary retention

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

Major findings: Of operations _____

Of autopsy _____

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)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address Hermann, Mo Date signed 7/21/47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number 8-8-47
Date Filed

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..... *Hugot Blumer*

Licensed Embalmer No. 3160

P. O. Address..... Hermann, Missouri

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.