

FILED MAY 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14254

State File No.

70
5

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

BIRTH NO.		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>6087</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES - RURAL</u>		c. LENGTH OF STAY (in this place) <u>6 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DENISON</u>		<u>8140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVANGELICAL EMMAUS HOME</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMILIE</u> b. (Middle) <u>NIEWOEHNER</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18, 1950</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 20, 1858</u>		9. AGE (In years last birthday) <u>91</u>	10. MONTHS <u>6</u>	11. DAYS <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>NOT KNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>E. NIEWOEHNER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theophil Stoerker</u> ADDRESS <u>ST. CHARLES, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Compensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis</u> DUE TO (c) <u>Gen Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>					INTERVAL BETWEEN ONSET AND DEATH? <u>24 hrs</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Apr 16, 1950</u> , to <u>Apr 18th, 1950</u> , that I last saw the deceased alive on <u>Apr 18, 1950</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W P Erich Schultz MD</u> (Degree or title)		23b. ADDRESS <u>St Charles Mo.</u>		23c. DATE SIGNED <u>4/19/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-21-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunsmuir Iowa</u>		24d. LOCATION (City, town, or county) (State) <u>Dunsmuir Iowa</u>			
DATE RECD BY LOCAL REG. <u>4-26-50</u>		REGISTRAR'S SIGNATURE <u>Harriet Hammett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hackmann</u> ADDRESS <u>St Charles Mo.</u>			

District File Number

District Health Officer No. 9,

RECEIVED
APR 29 1950

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

Student Embalmer No. _____

working under my personal supervision.

Signed Arthur C. Paul

Signed _____
Student Embalmer

Licensed Embalmer No. 3155

P. O. Address R. Charles 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.