

FILED JUN 20 1955

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20755**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6078** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY <b>Ste Genevieve</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ste Genevieve</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Festus (Rural) <i>Ta. KSOV unknown</i></b>		c. CITY OR TOWN <b>Festus</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>2</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>R F. D. # 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Amelia</b>	b. (Middle) <b>Hannah</b>	c. (Last) <b>Sewald</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 11, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 6, 1874</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Chris Poggemeller</b>	13b. MOTHER'S MAIDEN NAME <b>Charlotte Long</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Sewald</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Albert C. Sewald Festus.,</b>	ADDRESS <b>o. R # 1</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of colon</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen. Metastasis</b>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>unknown</b>	19b. MAJOR FINDINGS OF OPERATION <b>unknown</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>153 X</b>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 10, 1955**, to **June 11, 1955**, that I last saw the deceased alive on **June 10, 1955**, and that death occurred at **11:00A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Nov. Hoffmeyer</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Festus, Mo.</b>	23c. DATE SIGNED <b>June 12, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 12, '55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ste Ann's</b>	24d. LOCATION (City, town, or county) (State) <b>French Village, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 13, 1955</b>	REGISTRAR'S SIGNATURE <b>Lucille Barber</b>	481 0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Allynal Festus</b>	ADDRESS <b>Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951  
JUL 8

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..

Student.....  
Signature of Student Embalmer

Signed *Keith B. Vinyard*

Licensed Embalmer No. *497*

P. O. Address *Festus*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.