V.S. No. 300
Rev. 10.48

FILED MAY - 9 1957

STANDARD CERTIFICATE OF DEATH

State File No. 14360

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R R Augusta Mo
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R R Augusta Mo
d. STREET ADDRESS 0920 0 (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) KNOERNSCHILD c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 4 26 57
5. SEX 1 Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Oct 15 1866
9. AGE (In years last birthday) 90 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) New Melle Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm Wiesmann
13b. MOTHER'S MAIDEN NAME Rekes
14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Siegfried Knoernschild ADDRESS St Charles Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arteriosclerosis — 25 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. chr. nephritis — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 10, 1925, *to* April 26, 1957, *that I last saw the deceased alive on* April 26, 1957, *and that death occurred at* 6 15 *m., from the causes and on the date stated above.*

23a. SIGNATURE H H Schroeder (Degree or title) MD
23b. ADDRESS Marthasville Mo
23c. DATE SIGNED 4-29-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-29-57
24c. NAME OF CEMETERY OR CREMATORY Luthern
24d. LOCATION (City, town, or county) (State) Augusta Mo

DATE REC'D BY LOCAL REG. 4-29-57
REGISTRAR'S SIGNATURE Mrs Viola F Luessmann
25. FUNERAL DIRECTOR'S SIGNATURE Olie Thieking ADDRESS Augusta Mo

(Licensed Embalmer's Statement on Reverse Side)

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

399 0

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Olie Thilking

Signed.....
Student Embalmer

Licensed Embalmer No. 3759

P. O. Address Augusta Md

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.