

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005081

State File No. ....

FILED MAR 9 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 115-116 PRIMARY REG. DIST. NO. 5433 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo 0360</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Beaufort Union</u>	c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>Beaufort Mo</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>M.</u> c. (Last) <u>Schweder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1959</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 18 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Port Hudson Mo</u>
12a. FATHER'S NAME <u>Louis Brechenkamp</u>		12b. MOTHER'S MAIDEN NAME <u>Sophia Wilmesher</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	14. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clara Howard</u> ADDRESS <u>Beaufort Mo</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>331X</u>
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?

22. I hereby certify that I attended the deceased from 2-24, 1959, to 2-28, 1959, that I last saw the deceased alive on 2-26, 1959, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles E. Schweder</u> (Degree or title)		23b. ADDRESS <u>Beaufort Mo</u>	23c. DATE SIGNED <u>2-28-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 2 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John's Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Beaufort Mo</u>
DATE REC'D BY LOCAL REG. <u>2/28/59</u>	REGISTRAR'S SIGNATURE <u>E. J. Sidman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Lemmon</u> ADDRESS <u>Beaufort Mo</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by E. H. Lemme, Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E. H. Lemme

Licensed Embalmer No. 3

P. O. Address Beaufort

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.