

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020649

STATE FILE NUMBER

FILED JUN 29 1959

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 224

S. 300
Y. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Randol Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Randol Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cape Girardeau R. 1</u>			Length of stay in lb <u>82 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>Cape Girardeau R. 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES HENRY SCHWETTMANN</u>				4. DATE OF DEATH Month Day Year <u>June 25, 1959</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 5, 1877</u>		9. AGE (In years last birthday) <u>82</u> F UNDER 1 YEAR <u>2</u> MONTHS <u>19</u> DAYS IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Louis Schwettmann</u>			13b. MOTHER'S MAIDEN NAME <u>Henrietta Niedling</u>			14. NAME OF HUSBAND OR WIFE <u>Emma B. Schwettmann</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>486-46-5803</u>		17. INFORMANT Address <u>Joseph F. Schwettmann St. Louis, Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic nephritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Valvular leakage of heart</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Two years</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>		COUNTY		STATE	
21. I attended the deceased from <u>1/2/56</u> to <u>8/15/31/59</u> and last saw him alive on <u>6/20/59</u> Death occurred at <u>7:35 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>W. J. Miller</u> (Degree or title)				22b. ADDRESS <u>Cape Girardeau Big Bend Rd Rfd (1)</u>			22c. DATE SIGNED <u>6/26/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>June 27, 1959</u>		<u>Luthern Cemetery</u>		<u>Egypt Mills, Missouri</u>			
24. FUNERAL DIRECTOR <u>Walther's Funeral Home</u>			ADDRESS <u>Cape Gir. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-26-1959</u>		26. REGISTRAR'S SIGNATURE <u>Jane Kasten</u>		

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 *William Lee Jones*

Licensed Embalmer No. *4410*

P. O. Address *Cape Girardeau, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.