URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 1 9 1959

59-035738
STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 216

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Length of stay in 1b: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren
c. CITY OR TOWN Rural --Charrette Twsp. — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4 miles West Marthasville — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Bernadine; Middle; Last Schwoeppe
4. DATE OF DEATH: Month October; Day 11; Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb 19, 1872
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months; Days — IF UNDER 24 HR: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Marthasville, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Henry Glosemeyer
13b. MOTHER'S MAIDEN NAME: Adelaide Finder
14. NAME OF HUSBAND OR WIFE: William Schwoeppe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Herman Kopmann, Address: Marthasville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary lesion left Kidney — 3 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pathological fracture Rt femur
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Leg fractured while in bed
20c. TIME OF INJURY: Hour ~~a.m.~~ p.m.; Month, Day, Year: 9-7-59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
20f. CITY, TOWN, OR LOCATION: TRELOAR — COUNTY: WARREN — STATE: MO

21. I attended the deceased from 9-1-59, to 10-11-59 and last saw ~~him~~ her alive on 10-11-59
Death occurred at 10 30 ~~a.m.~~ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] MD (Degree or title)
22b. ADDRESS: Marthasville, Mo
22c. DATE SIGNED: 10-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/13/1959
23c. NAME OF CEMETERY OR CREMATORY: St Ignatius Cemetery
23d. LOCATION (City, town, or county) (State): Warren County, Missouri

24. FUNERAL DIRECTOR: Wilmot H. Lichtenberg — ADDRESS: Marthasville, Mo.
25. DATE RECD. BY LOCAL REG.: 10/12/59
26. REGISTRAR'S SIGNATURE: H. J. Kuhlmann

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 1 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 4318

P. O. Address Marthasville, Mo.

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