

Registration District No. 757 Primary Registration District No. 2086.5 Registrar's No. 5

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Rural - St. Charles Township
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

8. (a) PRINT FULL NAME MRS. LOUISE SCHONE
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Schone 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 26th 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace New Mills, MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____
12. Name Fred Horst
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Adeline Meyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred W. Schone
(b) Address St. Charles County MO

17. (a) Burial (b) Date thereof Jan 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Frederic W. Bauer
(b) Address St. Charles MO

19. (a) 1/11/40 (b) Clarence H. Hessler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. St. Charles Township
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1940 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb 6th, 1939 to Jan 9th, 1940.
that I last saw h. ed. alive on Jan 9th, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Acute dilatation of heart</u>	<u>1h.</u>
Due to <u>Chronic Myocarditis</u>	
Due to <u>Gen. Art Sclerosis</u>	<u>10 yrs.</u>
Other conditions <u>None</u> (Include pregnancy within 3 months of death)	
Major findings: Of operations <u>None</u>	<u>A3C</u>
Of autopsy <u>None</u>	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
28. Signature A P Eniel Schone (M. D. or other) _____
Address 16 Jefferson St. Date signed 1/11/40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-109811

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur C. Baise

Licensed Embalmer No. 3155

P. O. Address St Charles, 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 this body is not embalmed, above space should be left blank.