

MAY 13 1940 295

Primary Registration District No. S212

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan, Mo. Stanton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Stanton  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Elizabeth Schmuke, 570

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph Schmuke 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased June, 25th, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Neir, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Tremmel, 0

{ 13. Birthplace Neir, Mo. 0  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Not Known 0

{ 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Baker,

(b) Address 2629 Iowa, St. St. Louis, Mo.

17. (a) Burial (b) Date thereof 4, 13, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director J. Williams

(b) Address Sullivan, Mo.

19. (a) 4-12-40 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th  
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-8-40  
1940 to 4-9 1940  
that I last saw her alive on 4-8- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Thrombosis 4 Days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

arterio-sclerosis - hypertension PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

933 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature Ch. Tractor (M. D. or other) \_\_\_\_\_  
Address Sullivan Date signed 4-12-40

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

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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.....

J.T. Williams,....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J.T. Williams*

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.**