

REC OCT 18 1940
305

Registration District No. 305

Primary Registration District No. 4184

Registrar's No. 29

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town OWENSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OWENSVILLE MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 5 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town OWENSVILLE
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? — years.

3. (a) PRINT FULL NAME AUGUSTA CAROLINE SCHALK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 25
year 1940 hour — minute — M.

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

21. I hereby certify that I attended the deceased from 8-14, 1940 to 9-25, 1940; that I last saw her alive on 9-25, 1940 and that death occurred on the date and hour stated above.

4. Sex FEMALE 6. Color, or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRITZ SCHALK 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased SEPT. 2 1866
(Month) (Day) (Year)

Immediate cause of death Acute Cardiac Failure With Marked Decompensation 5 yrs.
Due to Mitral Regurgitation

8. AGE: Years 74 Months 0 Days 23 If less than one day hr. — min. —

Due to Chronic Myocarditis 10 yrs. ±
Other conditions Chronic Cholecystitis 20 yrs. ±
(Include pregnancy within 3 months of death)

9. Birthplace WOOLLAM MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE 6

11. Industry or business — 6

12. Name FRITZ RINNE
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH HENGSTENBERG
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

Major findings: Of operations 92%
Of autopsy —
PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant John Schalk
(b) Address OWENSVILLE MO.

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? —

17. (a) BURIAL (b) Date thereof 9-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation METHODIST CEM. WOOLLAM MO.

18. (a) Signature of funeral director W.F. Gottenbacher
(b) Address Owensville Mo.

23. Signature Paul A. Burnett (M. D. or other) —
Address Owensville, Mo. Date signed 9-27-40

19. (a) 9-28-40 (b) —
(Date received local registrar) (Registrar's signature)

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

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Wilford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Quensville, 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.