

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1106

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 910 Lafayette  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 910 Lafayette  
(If rural, give location)

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

3. (a) PRINT FULL NAME William Vester Schonewetter

3. (b) If veteran, name war none

3. (c) Social Security No. 493-18-5465

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellan Jane Schonewetter

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. 12 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Palmira Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Lather

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

12. Name Randolph Schonewetter

13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Fredricka Groutwault

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ellan Jane Schonewetter

(b) Address 910 Lafayette St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 21 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address ST. JOSEPH, MO.

19. (a) 10/21/40 (b) H. Mastelbach  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th.  
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-17-40, 19\_\_\_\_, to 10-17-, 1940  
that I last saw him alive on had just died, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration

2 hrs

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

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

Other conditions sclerosis + senility  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations None

Of autopsy none

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? 85

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Thomas Redmond (M. D. or other) MD

Address 328 Parkpatrick Bldg Date signed 10-18-40

NOV 26 1941

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 Carl W. Kause

Licensed Embalmer No. 3955

P. O. Address St. Joseph, 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, fact should be so stated above.