

Registration District No. 755Registration District No. 5996A

Registrar's No.

## 1. PLACE OF DEATH

(a) County St. Charles(b) City or town Augusta Rural St. Charles Co(c) Name of hospital or institution: Home Care Hosp

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

(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 23. (a) PRINT FULL NAME MATHILDA SEHRT

8. (b) If veteran, \_\_\_\_\_

name war \_\_\_\_\_

8. (c) Social Security \_\_\_\_\_

No. \_\_\_\_\_

4. Sex Female

5. Color or \_\_\_\_\_

race N

6. (a) Single, widowed, married, \_\_\_\_\_

divorced married6. (b) Name of husband or wife Wm. Sehart

6. (c) Age of husband or wife if \_\_\_\_\_

alive 66 years7. Birth date of deceased August 7<sup>th</sup> 19<sup>th</sup> 19<sup>th</sup> 19<sup>th</sup> 77

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

63414

hr. \_\_\_\_\_ min.

9. Birthplace Balmain

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation Housework

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

MOTHER FATHER

12. Name Geo. Zwickling 013. Birthplace St. Louis County 0

(City, town, or county)

(State or foreign country)

14. Maiden name E. Matthes Matthes

(City, town, or county)

(State or foreign country)

15. Birthplace St. Louis County, Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Wm. Sehart(b) Address Augusta Mo17. (a) Burial (b) Date thereof \_\_\_\_\_

(Burial, cremation or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery18. (a) Signature of funeral director Shirley W. Sehart(b) Address Augusta Mo19. (a) 11/23/40 (b) Walton C. Layman

(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. \_\_\_\_\_

(If rural, give location)

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22year 1940 hour 12 Mid. Minute 15 M.21. I hereby certify that I attended the deceased from Mar1938, to Nov 22, 1940that I last saw her alive on Nov 20, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death

acute myocarditis

Duration

1 yearDue to general atherosclerosisyearsDue to Diabetes Mellitusyears

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

(Include pregnancy within 3 months of death)

Major findings: no fractureOf operations 3Of autopsy not done

PHYSICIAN

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? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. C. Schmitt (M. D. or other) \_\_\_\_\_Address Martha'sville Mo Date signed 11/23/40

**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 Morris Marchant

Licensed Embalmer No. 2461

P. O. Address Hanby me

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**