

Registration District No. 257 Primary Registration District No. 3036

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

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 631 N. Benton Ave  
(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 St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 631 N. Benton Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MRS. DOROTHEA SCHONE  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 28  
year 1941 hour 6 minute - A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife August Schone  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 6th 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-8 1940 to March 28 1941;  
that I last saw her alive on March 26 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Anemia  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
71 - 22  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

Chronic Nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Generalized Arteriosclerosis  
(Include pregnancy within 3 months of death)

9. Birthplace St. Charles Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housekeeper  
11. Industry or business \_\_\_\_\_  
12. Name Heigend Meiser  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophie Barthele  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Eleanor Dudley  
(b) Address St. Charles Mo  
17. (a) Rural (b) Date thereof Mar 30 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery  
18. (a) Signature of funeral director Hackmann - Baker  
(b) Address 326 N. 6th St - St. Charles Mo  
19. (a) 3-29-41 (b) Clarence D. Meiser  
(Date received local registrar) (Registrar's signature)

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?  
670  
(Specify type of place)  
While at work \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature O. W. Jowers (M. D. or other) M.D.  
Address 106 Washington St. Char. Date signed 3-28-41

**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. Bane*

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, fact should be so stated above.**