

APR 9 1941
Registration District No. 780

Primary Registration District No. 200

Registrar's No. 606

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Ferdinand temp. post
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sheppley Drive
(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. Louis 96
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
Sheppley Drive
(If rural, give location)
(d) Street No.
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

Emma Schewe

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 Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased February 10 1973
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 8 hr. min.

9. Birthplace Germany Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Herman Schewe
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Henrietta Mahlke
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Schewe
(b) Address Box 104 R 14 St Louis Mo

17. (a) Burial (b) Date thereof Mar 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Beiderwieden Funl Home
(b) Address 1936 St Louis Ave

19. (a) MAR 20 1941 (b) J. R. Meyer
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1941 hour 8:15 minute X P. M.

21. I hereby certify that I attended the deceased from March 18 to March 18 1941
that I last saw her alive on March 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrial Haemorrhage 3 mo
Due to arterio sclerosis 3

Due to 82
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 none
(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?

Inc While at work? (Specify type of place) (e) Means of injury.....

23. Signature H. J. Miller (M. D. number) 11
Address 84104 Bayway Date signed 3/24/41

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

8410 W. Gardner
Dr. *[Signature]*

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: *[Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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.