

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

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Rural Callaway
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles 92
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near New Melle Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Julia Schwede

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Jan 4 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 22 If less than one day
hr. _____ min. _____

9. Birthplace St Charles - Co 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name William Scherer

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

14. Maiden name Ant. Rasm

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

16. (a) Informant Earnst Schwede

(b) Address St Charles Mo

17. (a) Burial (b) Date thereof June 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Melle Mo

18. (a) Signature of funeral director Wm. Munday

(b) Address New Melle Mo

19. (a) June 28-40 (b) W. A. Munday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from June 15th
1941, to June 26, 1941

that I last saw him alive on June 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis

Due to Atherosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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. A. Munday (M. D. or other) 0
Address New Melle Mo Date signed _____

Duration

11 days

2

2

2

2

2

2

2

2

2

2

2

2

2

2

June 29 - 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 Me

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

Signed *Marvin Muehling*

Licensed Embalmer No. 2461

P. O. Address New Melle, 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.