V. S. No. 2
0M—5-42
ev. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11255

Registration District No. 305 Primary Registration District No. 4452 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Wentzville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Linn 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 40 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town Wentzville
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Lottie Schwede.

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 Married
6. (b) Name of husband or wife Henry Schwede
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct (Month) 12 (Day) 1873 (Year)

8. AGE: Years 69 Months 4 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Weldon Spring, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Home duties
11. Industry or business .....
FATHER
12. Name Michel Ruebling. 4
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Annie Bergfeld. 4
15. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
16. (a) Informant Henry Schwede.
(b) Address Wentzville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville, Mo.
18. (a) Signature of funeral director T. E. Pitman
(b) Address Wentzville, Mo.
19. (a) 3-20-43 (Date received local registrar) Gertrude S. Forstell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1943 hour 2:25 minute 8 M.
21. I hereby certify that I attended the deceased from 1940 ....., 19...., to March, 1943 that I last saw her alive on March 8, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure Acute Senile	
Due to: Chronic Interstitial Nephritis	
Due to:	
Other conditions: General Anasarca (Include pregnancy within 3 months of death)	
Major findings: Of operations 131a	
Of autopsy	

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature [illegible] (M.D. or other)
Address Hayden City, Mo. Date signed 3/10/43

(Licensed Embalmer's Statement on Reverse Side)

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 P. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville 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.