

FILED APR 26 1943

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 11

1. PLACE OF DEATH:

(a) County ANDRAIN

(b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
508 W Highway 54
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 24 YEARS 4 MONTHS

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN

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

(d) Street No. 508 W Highway 54
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENRY SCHEWE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-05-6962

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELLA MAY SCHEWE 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased. JUNE 30 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 9 12 _____ hr. _____ min.

9. Birthplace St. Louis MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INDUSTRIAL ENGINEER

11. Industry or business MEXICO REFRACTORIES, Mexico

12. Name HENRY SCHEWE

13. Birthplace BIELEFELD GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name ANNA KATHRINE BRUNNING

15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Eleanor Schewe

(b) Address Vandalia Missouri

17. (a) BURIAL (b) Date thereof April 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETERY

18. (a) Signature of funeral director W. J. Waller

(b) Address Vandalia Missouri

19. (a) April 14 1943 (b) Malie Puga
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from MARCH 10 1943 to April 12 1943 that I last saw him alive on April 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN TUMOR

Due to _____
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 sign) _____

23. Signatur Vandalia Mo (M.D. or other) _____
Address _____ Date signed 4/14/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1/43
R

APR 21 1948

RECEIVED

District Health Officer No. 10

District File Number 4-43-771

Date Filed APR 19 1948

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 M. S. Natural

Licensed Embalmer No. 4298

P. O. Address Vandalia, Miss

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13555-
Registrar's No. 11

Registration District No. 6 Primary Registration District No. 3001

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Vandalia
(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 24 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain
(c) City or town Vandalia
(d) Street No. 508 77 High way 574
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William H Scheue

MEDICAL CERTIFICATION

3. (b) If veteran, name war
3. (c) Social Security No. 491-05-6962

20. DATE OF DEATH: Month April year 1943 hour 11 minute 30 M.

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

21. I hereby certify that I attended the deceased from 9 1943 that I last saw him alive on June 30 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Ella May 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 30 - 1878 (Month) (Day) (Year)

Immediate cause of death Brain tumor Duration

8. AGE: Years 64 Months 9 Days 20 If less than one day hr 1 min.

Due to Gleoma (Malignant)

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

Due to

10. Usual occupation
11. Industry or business

Other conditions (Include pregnancy within 3 months of death)
Major findings: 548

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant
(b) Address

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

(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?

18. (a) Signature of funeral director
(b) Address

While at work? (Specify type of place) (e) Means of injury
23. Signature Thos. Alfred (M. D. or other)

19. (a) (Date received local registrar) (b) (Registrar's signature)

Address Vandalia Mo Date signed 5-10

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

SUPPLEMENTARY

