

FILED DEC 27 1943

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 201

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: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three days (Specify whether)

In this community Lifetime  
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. 714 Decatur St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Theodore William Schone

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-15, 1943 to 12-2, 1943  
that I last saw him alive on 12-2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

4. Sex Male 5. Color of face White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. (Klinghammet) Schone 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 22 1885  
(Month) (Day) (Year)

Duration

Due to Chronic hepatitis 2

Due to \_\_\_\_\_

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

57 11 11 hr. min.

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

Other conditions Esopharynx 8 days  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 131 lb

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Painter & Paper

11. Industry or business Hanging

MOTHER FATHER { 12. Name George Schone

{ 13. Birthplace St. Charles Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Brenner

{ 15. Birthplace Cave Springs Mo.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

23. Signature W. J. Jowers (M. D. or other) M.D.  
Address 106 Washington Date signed 12-4-43

16. (a) Informant Mrs. Rosa A. Schone

(b) Address 714 Decatur St. Charles, Mo.

17. (a) Burial (b) Date thereof Dec 5 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation German Methodist Cemetery

18. (a) Signature of funeral director N.C. Dalleney & Son

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 12-4-1943 (b) Wm. L. Paul  
(Date received local registrar) (Registrar's signature)

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

72  
9  
3

DEC 27 1943

**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 John E. Hallmeyer  
Licensed Embalmer No. 2951  
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.**