

FILED NOV 30 1944

Primary Registration District No. 3016

Registrar's No. 263

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 2 days

3. (a) PRINT FULL NAME MARY SCHEIDEGGER

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 John Scheidegger
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased: Mar 10 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 12
If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: _____

MOTHER FATHER } 12. Name: George Steinmetz
13. Birthplace: Germany
(City, town, or county) (State or foreign country)
14. Maiden name: Katy Schannuth
15. Birthplace: Hermann Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Theo Scheidegger
(b) Address: Hermann, Mo

17. (a) Burial (b) Date thereof: 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hermann, Mo

18. (a) Signature of funeral director: Alfred B. Obermer
(b) Address: Hermann, Mo

19. (a) 11-22-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1944 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from 11-20-44 to 11-22-44
that I last saw her alive on 11-21-44
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia 3 days
Due to: Chronic Endocarditis 3 yrs
Due to: Chronic Nephritis 3 yrs
Other conditions (Include pregnancy within 3 months of death): _____

Major findings: Of operations: _____
Of autopsy: 131 B
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: Dr. G. B. ... (M. D. certifier)
Address: Jefferson City, Mo Date signed: 11-22-44

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

26
5
4

Dr. G. J. Williams

Revised

Dr. Dennis O'Brien

RECEIVED

District Health Officer, No. 9

District File Number _____

Date Filed 11-29-44

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 Hugo St. Blumer

Licensed Embalmer No. 3160

P.O. Address Hermann, 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.