

S. No. 2
M-543
7-5-17-39
P 1 X36671

FILED DEC 9 1944

Registration District No. 114

Primary Registration District No. 5432

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Stanton (If outside city or town limits, write "RURAL" and name of township) MEASURES TWP.

(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 1 (Specify whether)

In this community 18 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. Meramec Trip. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lydia Scheinert

3. (b) If veteran, name war None

3. (c) Social Security No. 7109

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Scheinert 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug 5 1886 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 2nd 2nd day 2nd November

year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 26th 1944 to Nov 2 1944

that I last saw her alive on Oct. 13 1944

and that death occurred on the date and hour stated above.

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

58 9 27 hr. min.

Immediate cause of death Exhaustion + inanition + toxemia

Due to Carcinoma both breasts

Duration 4 1/2 mo.

Due to 7 yrs.

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Sobinski

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

14. Maiden name Mary Rehft

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

Major findings: Of operations 50

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Clara Sobinski

(b) Address Stanton MO.

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 11-4-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bah-Gore Crematory

18. (a) Signature of funeral director Fasey Lenox

(b) Address St. Clair MO.

19. (a) 11/3/1944 (Date received local registrar) (b) Gilbert Gillau (Registrar's signature)

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 C.F. Briggles MD (M. D. or other)

Address St. Clair MO. Date signed 11/3/44

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

26000

1121

DEC 12 1944

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 12-8-44

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 Geo. L. Hughes

Licensed Embalmer No. 3008

P. O. Address Paerzie 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.