

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 17 1946  
THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

14207

State File No. \_\_\_\_\_

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 53

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hospital  
(Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 120 North 7th St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Charles Schwede

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-18-8258

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

6. (b) Name of husband or wife Lidia Schwede 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 22 1899  
(Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

12. Name Henry Schwede

13. Birthplace New Mills Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Empress Rinsberg

15. Birthplace Waldon Spring Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Lidia Schwede

(b) Address St. Charles Mo

17. (a) Burial (b) Date of removal March 6 1946  
(Burial, cremation, or removal) (City or town) (State) (Year)

(c) Place: burial or cremation Wentworth Mo

18. (a) Signature of funeral director Wentworth Mo

(b) Address Wentworth Mo

19. (a) March 12 1946 (b) Name Francis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 5  
1937 to March 3 1946

that I last saw him alive on March 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia - 5 days  
Duration

Due to nephrosclerosis - arterio sclerosis generalis

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

Other conditions Hypertension, uremia

(Include pregnancy within 3 months of death)

Major findings: 1316

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(c) 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 place) (e) Means of injury \_\_\_\_\_

23. Signature Lucinda Schwede (M. D. or other) MD

Address St. Charles Mo Date signed 3/5/46

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

MOTHER, FATHER

MAY 16 1946

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 4-16-46

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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. P. P. P. P.*

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.**