S. No. 2
M—2-43
v. 5-17-39
I X35697

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

16709

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17830

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 89

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#1. St. Charles, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Richard Schierding

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Anna Seemann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 3, 1874 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 18 If less than one day hr. min.

9. Birthplace St. Charles County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Schierding 0
13. Birthplace St. Charles County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Meers
15. Birthplace St. Charles, County, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Elmer Schierding

(b) Address R.R.#1. St. Charles, Mo.

17. (a) Burual (Burial, cremation, or removal) (b) Date thereof May 24, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Halpman Bane Sons

(b) Address 326 N. 6th. Str., St. Charles, Mo.

19. (a) May 28-46 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1946 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 2, 1946 to May 21, 1946
that I last saw him alive on May 21, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortitis	?
Acute Heart failure	10 days
Due to Luss	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 30	

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 [signature] (M. D. or other)

Address [illegible] Date signed 5-22-46

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 6-12-46

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 Arthur C. Bane

Licensed Embalmer No. 3155

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.