

No. 2  
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5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7981

State File No. \_\_\_\_\_  
Registrar's No. 111

Registration District No. 43 Primary Registration District No. 3009

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

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff  
(c) Name of hospital or institution: Poplar Bluff Hospital  
(d) Length of stay: In hospital or institution Lifetime  
In this community Lifetime

3. (a) PRINT FULL NAME Hedwiga Agnes Schake  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edwin 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased July 22 1885

8. AGE: Years 62 Months 8 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Augusta, Missouri

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Christian Siem  
13. Birthplace Augusta, Mo.  
14. Maiden name Emilie Sehrt  
15. Birthplace Augusta, Mo.

16. (a) Informant Edwin Schake  
(b) Address Greenville, Mo.

17. (a) Removal (b) Date thereof 3/24/48  
(c) Place: burial or cremation Augusta, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch  
(b) Address Poplar Bluff, Mo.

19. (a) 3-24-48 (b) P. Minette  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butte  
(c) City or town Greenville  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1948 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3-22 1948 to 3-23 1948  
that I last saw her alive on 3-23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Arterial Hypertension

Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
23. Signature J. W. Jonda (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed 3-23-48

RECEIVED

District Health Office No. 2,

District File Number 348-398

Date Filed 3-29-48

**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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Porter Bluff MS

**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.