

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29264

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY-REG. DIST. NO. 4041 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>BOLLINGER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>GLEN ALLEN</b>			c. CITY (If outside corporate limits, write RURAL and give township) <b>GLEN ALLEN</b>		
c. LENGTH OF STAY (in this place) <b>65 yrs</b>			d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>SOPHIE</b> c. (Last) <b>SCHWERING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 7 1949</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>July 11, 1869</b>	9. AGE (In years last birthday) <b>80</b>	10. IF UNDER 1 YEAR Days <b>1</b> Hours <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>H.W.F.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>CINCINNATI - OHIO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>HENRY F. FUNKE</b>	13b. MOTHER'S MAIDEN NAME <b>MARY S. TOENGES</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>MINNIE BURNS - GLEN ALLEN, MO.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Chronic Dyscardia</b>		INTERVAL BETWEEN ONSET AND DEATH
	2. ANECDENT CAUSES <b>Chronic Interstitial Nephritis -</b>		
	11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 7 - 1949** to **Sept 7 - 1949** that I last saw the deceased alive on **Sept 7 - 1949** and that death occurred at **1010 1/2** from the causes and on the date stated above.

23a. SIGNATURE <b>W.D. Lampe M.D. Lutesville</b>	23b. ADDRESS	23c. DATE SIGNED <b>9/30/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-9-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GLEN ALLEN CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>GLEN ALLEN MO.</b>
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DATE REC'D BY LOCAL REG. <b>9/30/49</b>	REGISTRAR'S SIGNATURE <b>Willie Paul</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BAKER FUNERAL HOME - LUTESVILLE</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-4-49

Health Officer No. 4

File Number 1049-131

Date Filed

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

not embalmed

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutsenville, 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.