

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19792

State File No.

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 147

1. PLACE OF DEATH
a. COUNTY Saint Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - St. Chas. twp. c. LENGTH OF STAY (In this place) life

c. CITY OR TOWN Rural-St. Chas. twp. d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. # 2

e. STREET ADDRESS (If rural, give location) R. R. # 2

3. NAME OF DECEASED
a. (First) Edward b. (Middle) _____ c. (Last) Schwendemann

4. DATE OF DEATH July 6, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 20, 1878

9. AGE (In years last birthday) 76

IF UNDER 1 YEAR Months 6 Days 16

IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Co., Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Schwendemann

13b. MOTHER'S MAIDEN NAME Caroline Fetsch

14. NAME OF HUSBAND OR WIFE Alma Beckerle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS David Schwendemann, St. Charles, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death from natural causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION
Death from natural causes

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) 7955

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Hamilton Reg. U.S.A.

23b. ADDRESS St. Charles Mo.

23c. DATE SIGNED July 7-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 9, 1955

24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cemetery

24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.

DATE REC'D BY LOCAL REG. July 7 1955

REGISTRAR'S SIGNATURE Frank Hamilton

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.C. Dalrymple, St. Charles, Mo.

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

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, Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Frank R. Amale*.....

Licensed Embalmer No... *48*.....

P. O. Address *St. Charles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.