

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 4 512

14081

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>228</u>		PRIMARY REG. DIST. NO. <u>5908</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>23 months</u>		c. CITY OR TOWN <u>Washington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary's Nursing Home</u>				No. STREET ADDRESS (If rural, give location) <u>930 Locust</u> <u>23671</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Emma</u> b. (Middle) <u>Marie</u> c. (Last) <u>Schwegmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-5-1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 11-1874</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>William Rabe</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Muelling</u>			14. NAME OF HUSBAND OR WIFE <u>Louis Schwegmann</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosella Schwegmann Washington Mo</u>			
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure.</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Nephritis.</u> DUE TO (c) <u>Cerebral apoplexy.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>6 mo.</u> <u>10 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334-X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/1</u> , 1956, to <u>5/3</u> , 1956, that I last saw the deceased alive on <u>5/2</u> , 1956, and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. H. Anderson</u>				23b. ADDRESS <u>100. A Washington Dr.</u>		23c. DATE SIGNED <u>5/4/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-7-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5/9/1956</u>		REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg & Ditzler Washington Mo</u> <u>by James E. Ditzler</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1956 7-7 1956

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 *Jerome F. Dvorak*

Licensed Embalmer No. 450

P. O. Address *Washington*

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.