

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18336

State File No.

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6092 Registrar's No. 8

1. PLACE OF DEATH <u>Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>St Charles</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	a. STATE <u>MO</u>	b. COUNTY <u>St Charles</u>
c. LENGTH OF STAY (in this place) <u>50 yr</u>		c. CITY OR TOWN <u>Wentzville RR 1</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>7 mi South</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Carolina</u>	b. (Middle) <u>Wilhelmenia</u>	c. (Last) <u>Schwede</u>	<u>Apr. 14 1957</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>Jan 6 1863</u>	9. AGE (In years last birthday) <u>94</u>	10. IF UNDER 1 YEAR Months <u>3</u> Days <u>9</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>Home Duties</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Melle MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Budieker</u>	13b. MOTHER'S MAIDEN NAME <u>Berkenteier</u>	14. NAME OF HUSBAND OR WIFE (Deceased) <u>Henry Schwede</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eduard Schwede - Wentzville MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. ADDRESS <u>Wentzville RR 1</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure, Acute</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Secondary Hypochromic Anemia</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) <u>Coronary Insufficiency</u>		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on April 1, 1957, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.B. Hamilton, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Wentzville Mo.</u>	23c. DATE SIGNED <u>4-15-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-17-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Paul's Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>New Melle - MO</u>

DATE REC'D BY LOCAL REG. <u>May 2 1957</u>	REGISTRAR'S SIGNATURE <u>Walter F. Bell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Amitta M. Estman</u>	ADDRESS <u>Wentzville MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Janetta M. Pittman*

Licensed Embalmer No. *305*

P. O. Address *Westville*

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.