

Registration District No. 273

Primary Registration District No. 6018A

Registrar's No. 148

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington, R. F. D. No. 4 Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town R. F. D. No. 4 Farmington Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Farmington, Mo. Route no. 4
R. F. D. Farmington
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1941 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from 9-24, 1938, to 10-26, 1941;
that I last saw her alive on 10-26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive
Heart Failure
Due to Hypertensive Cardio-
vascular disease
Due to arteriosclerosis
with
retinopathy
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature A. Richard Crumley M.D. or other _____
Address Farmington Mo. Date signed 10-28-41

3. (a) PRINT FULL NAME Mrs. Alice Mary Schewert
8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White Cauc.
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Theodor Carl Schewert
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 8 - 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Riva Aux Vases, St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Mrs. Antonia La Bruere
13. Birthplace Riva Aux Vases, St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lavinia Thomas
15. Birthplace Riva Aux Vases, St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theodor Schewert
(b) Address Farmington R. F. D. No. 4

17. (a) Burial (b) Date thereof Oct. 28 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic - St. Francois

18. (a) Signature of funeral director Alvin W. Hart
(b) Address 1242 River, St. Louis

19. (a) Oct 28-41 (b) A. J. Robinson
(Date received local registrar) (Registrar's signature)

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

74
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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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Alvin W. Hood.

Licensed Embalmer No. 2780.

P. O. Address Flat River, 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, above space should be left blank.