

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

39036

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington (No.)

Registration District No. 297
Primary Registration District No. 2016

File No.
Registered No. 107 St. Ward)

2. FULL NAME Louisa Charlotte Wilhelmine Schmidt

(a) Residence. No. 418 Stafford St. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christof Schmidt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	77	2	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alswede,
(STATE OR COUNTRY) Prussia, Germany

10. NAME OF FATHER Frederick Meyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eleanor Engelage

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Walter J. Schmidt
(Address) 418 Stafford, Washington, Mo.

15. Dec 2 1930 O. L. Mendenhall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1st, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1930, to Dec. 1, 1930.
That I last saw him alive on Dec. 1, 1930, and that death occurred, on the date stated above, at 9:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatic Pericarditis
GRF
570 (duration) 1 yrs 6 mos ds.
CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Place of death

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
20. WAS THERE AN AUTOPSY? No
21. WHAT TEST CONFIRMED DIAGNOSIS? No test
(Signed) J. D. Maupin, M. D.

Dec. 1, 1930 (Address) Washington Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lutheran Cemetery
Washington, Mo. **DATE OF BURIAL** 12/5 30
19

20. UNDERTAKER Otto & Co. - Washington, Mo. **ADDRESS**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1931

