

REC'D AUG 26 1938

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

Do not use this space.

26095

1. PLACE OF DEATH

County Craig
Township Linn
City Bonnats Mill Mo (No. _____)Registration District No. 644
Primary Registration District No. 58531File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Amelia Schmitz(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred all my life yrs. mos. ds. How long in U. S., if of foreign birth? all my life yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Schmitz6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 19007. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 11 38. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 15 11. Total time (years) spent in this occupation 612. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnats Mill Mo13. NAME August Hubert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnats Mill Mo15. MAIDEN NAME Tillie Boellst16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnats Mill Mo17. INFORMANT Ben Schmitz (ADDRESS) Bonnats Mill Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Bonnats Mill Mo DATE March 17, 193819. UNDERTAKER (ADDRESS) Malloy Funeral Home20. FILED 7/16/38 1938 Emily Malloy Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

Heat saw h. _____, 19____. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Post mortem showed fatty infiltration of the heart. Date of onset _____Other contributory causes of importance: 930I don't know

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? ✓ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. J. Radmacher M. D.
Freeburg Mo (Address) Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

