

REC'D SEP 9 1938

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

28687
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 2014
(c) City Jefferson City (d) Street No. Saint Mary's Hospital Registered No. 251
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Carolann Schmidt (SCHMIDT) 5'3"
(a) Residence, No. 1304 E. Miller St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Tobias Schmidt
14. BIRTHPLACE (CITY OR TOWN) Argyle, Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Schrimpf
16. BIRTHPLACE (CITY OR TOWN) Wardsville, Mo.
(STATE OR COUNTRY)

17. INFORMANT Tobias Schmidt
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cem DATE Aug. 18, 38

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs
(ADDRESS) Jefferson City, Mo.

20. FILED 8/22/ 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Aug 17, 1938
I last saw h.s. alive on August 17, 1938. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

schistosomiasis
neonatorum

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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) W. H. Rumbolt M. D.

(Address) Jeff. City, Mo.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.