

REC'D DEC 14 1938

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

39973
Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 642
(b) Township 1 Primary Registration District No. 5851 Registered No. 14
(c) City Westphalia (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME Mrs. Catharina Schmitz

(a) Residence, No. Westphalia, Mo. 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*) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph L. Schmitz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1882
7. AGE YEARS 56 MONTHS 7 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Westphalia, Mo. (STATE OR COUNTRY)

13. NAME John Koester

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Catharina Busmann

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Joe Koester (ADDRESS) Westphalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Westphalia, Mo. DATE Nov. 9, 1938

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

20. FILED 11/8 38 Mary Payer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1938, to Nov. 8, 1938
I last saw her alive on Nov. 7, 1938 Death is said to have occurred on the date stated above, at 5:00 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis arteriosclerotic type
Arthritis, of long duration
Anasarca
Other contributory causes of importance: _____
Date of onset _____

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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? No.
If so, specify _____ (Signed) Conrad S. Verhoff M. D.
(Address) Westphalia, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

STATEMENT BY LICENSED EMBALMER

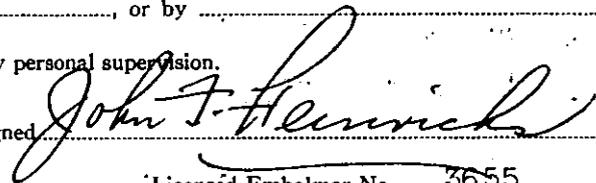
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

John F. Heinrichs

or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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.