

REC'D MAR 9 1939

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

6457
 Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016 Registered No. 21
 (c) City Washington, Mo. (d) Street No. 120a Elm St., Washington, Mo. 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 54 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 2 yrs. 0 mos. 0 ds.

2. PRINT FULL NAMEPaul Schmidle

(a) Residence, No. 120a Elm Street, Washington, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Emma Boland Schmidle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 14, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker
 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) Not known
 (STATE OR COUNTRY) Germany

FATHER 13. NAME John Schmidle
 14. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Emma Maeale
 16. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Germany

17. INFORMANT Paul Schmidle, Jr.
 (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Feb. 23rd, 1939

19. FUNERAL DIRECTOR (NAME) Otto & Co.
 (ADDRESS) Washington, Mo.

20. FILED Feb. 22, 1939 H. A. May
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1935, to Feb 21, 1939, 1939

I last saw live on Feb 21, 1939. Death is said to have occurred on the date stated above, at 7:00 A. M.

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

arterio-sclerotic degeneration right leg. 93C
 Date of onset Feb 10, 1939

Other contributory causes of importance:

chronic myocarditis chronic arterio-sclerosis hypertension

Name of operation none Date of 5
 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 ✓, 1939
 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) R. R. Outley, M. D.

(Address) Washington, Mo.
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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. 3560, working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

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.