

REC'D APR 13 1939

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

Dr. DeLana
12194
Do not use this space.

1. PLACE OF DEATH
(a) County Ste. Genevieve Registration District No. 934
(b) Township Union Primary Registration District No. 6226
(c) City Weingarten Mo (d) Street No. _____ St. _____
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME ELIZABETH SCHMIDT
(a) Residence, No. Weingarten 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 LAWRENCE SCHMIDT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 23 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 8 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE

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) WEINGARTEN
(STATE OR COUNTRY) MISSOURI

13. NAME ANTON KRAENZLE

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

15. MAIDEN NAME GERTRUDE HOOB

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

17. INFORMANT John T. Schmitz
(ADDRESS) Weingarten Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Weingarten Mo DATE March 13 1939

19. FUNERAL DIRECTOR (NAME) R. C. Butler
(ADDRESS) Ste. Genevieve Mo

20. FILED March 17, 1939 Rev. Joseph A. Warner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from MARCH 5, 1939, to MARCH 11, 1939

I last saw her alive on MARCH 11, 1939. Death is said to have occurred on the date stated above, at 10:30 AM.

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

Chronic Myocarditis

Date of onset
1935

Other contributory causes of importance:

Arterio-Sclerosis

1936

Name of operation _____ 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? NO 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) Arthur E. DeLana, M. D.

(Address) Ste. Genevieve Mo

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,

Les C. Basler

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Les C. Basler

Licensed Embalmer No.

1985

P. O. Address.....

St. Ann's Church

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.