

196 JAN 8 1940

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

43751
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson Registration District No. 420
(b) Township Waller Primary Registration District No. 3022
(c) City De Soto (d) Street No. _____ Registered No. 81
(e) Length of residence in city or town where death occurred yrs. mos. 4 (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 530 ROGER JAMES SCHMIDT
(a) Residence, No. 1104 Boyd St. (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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) (STATE OR COUNTRY) De Soto Mo. 0

13. NAME Carl Schmidt 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Illinois 0

15. MAIDEN NAME Brida Stober

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eureka Mo.

17. INFORMANT Carl Schmidt
(ADDRESS) 1104 Boyd St De Soto

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Dec 14 1939

19. FUNERAL DIRECTOR Donald B. Deibel
(ADDRESS) De Soto Mo.

20. FILED 12/26 1939 Jeneva Dannel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1939, to Dec 13 1939
I last saw him alive on Dec 13 1939. Death is said to have occurred on the date stated above, at 8:25 pm.
The principal cause of death and related causes of importance were as follows:
Dec 9th 1939
Premature birth
about 2 1/2 months
Prematurely 6 1/2 lbs only
Date of onset

Other contributory causes of importance: 159

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? _____ 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) G. A. Elders, M. D.
(Address) De Soto 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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed. *Donnell B. Dietrich*
Licensed Embalmer No. *4104*

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.)