

No. 2
11-10-39
5-17-39
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15240**

MAY 13 1940

Registration District No. 421

Primary Registration District No. 5375

Registrar's No. 54

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jefferson

(a) County Jefferson

(b) City or town Pevely
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? all life years.

3. (a) PRINT FULL NAME FRIEDERICKA SCHMITT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased. July 17 1868
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>71</u>	<u>9</u>	<u>2</u>	hr. min.

9. Birthplace Don Mountain Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife _____

11. Industry or business _____

12. Name Rudolph Stieff _____

13. Birthplace Switzer land _____
(City, town, or county) (State or foreign country)

14. Maiden name Maria Westmeyer _____

15. Birthplace unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Schmitt _____

(b) Address Pevely Mo. R#1

17. (a) _____ (b) Date thereof. _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emanuel Lutheran Cemetery

18. (a) Signature of funeral director W. Heiligtag & Sons

(b) Address Kimmisich Mo. R#2

19. (a) 5/4/1940 (b) J. G. Rutledge Mo.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from January 1st 1940 to April 15th 1940 that I last saw him en s. alive on April 15th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mycocarditis

Due to @. G. Surar

Due to _____

Other conditions none _____
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) Means of injury

23. Signature Dr. O. E. Husley (M., D. or other) _____
Address W. Heiligtag Mo. Date signed 5/20

Duration 37 months

PHYSICIAN Underline the cause to which death should be charged statistically.

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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick, 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.