

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38527

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 294

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—FILED DEC 10 1940

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 day. (Specify whether
In this community _____ years, months or days) 1

3. (a) PRINT FULL NAME Edna Elizabeth Schmitz
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 16, 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 9 26 hr. min.

9. Birthplace Westphalia, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At school.

11. Industry or business _____

MOTHER FATHER { 12. Name Gerhard Schmitz 0
13. Birthplace Westphalia, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rose Hagenhoff 0
15. Birthplace Argyle, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gerhard Schmitz
(b) Address Westphalia, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Westphalia, Mo.

18. (a) Signature of funeral director John F. Heinich
(b) Address Jefferson City, Mo.

19. (a) 11-12-40 (Date received local registrar) (b) D. B. Keane M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage
(c) City or town Westphalia
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1940 hour 6 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 10, 1940, to Nov 11 (10 P.M.), 1940
that I last saw h ~~er~~ alive on Nov 11 (4 A.M.), 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis Pneumonia Duration _____
Acute General Peritonitis

Due to Ruptured Appendix

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/1

Major findings: Of operations _____

Of autopsy Peritonitis - Ruptured gangrenous appendix
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all of the following:

(a) Accident, suicide, or homicide (specify) _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. B. Keane M.D. (M. D. or other) _____
Address Jefferson City, Mo. Date signed _____

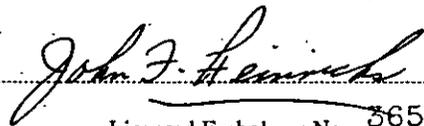
STATEMENT BY LICENSED EMBALMER

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.....



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, fact should be so stated above.