

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2337
29

State File No. _____

Registration District No. 1158

Primary Registration District No. 5296A

Registrar's No. _____

1. PLACE OF DEATH

(a) County Cole
(b) City or town St. Thomas Mo
(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 Missouri (b) County Cole 2-6
(c) City or town St Thomas Mo 0
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1941 hour Six minute 0 P. M.

21. I hereby certify that I attended the deceased from January
the 27th 1941, to January 28th 1941;
that I last saw him alive on January the 27th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
of the coronary arteries. Duration 2 Day

Due to Arterio Sclerosis

Due to Senility

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in 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?
AS
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Henry C Werner (M. D. or other) D
Address St Thomas Mo Date signed Jan 28

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

3. (a) PRINT FULL NAME Bernard Joseph Schmidt

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

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

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

7. Birth date of deceased May 22 1839
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Roger Schmidt

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Maria Adammer

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

16. (a) Informant Mrs Louis Seuling

(b) Address St. Thomas Mo

17. (a) _____ (b) Date thereof Jan 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Thomas Cemetery

18. (a) Signature of funeral director H H Drop

(b) Address _____

19. (a) Jan 29th 1941 (b) _____
(Date received local registrar) (Registrar's signature)

28 1941

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

5600

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 *HH Strop*

Licensed Embalmer No. *2924*

P. O. Address *Meta 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.