

Registration District No. **423**

Primary Registration District No. **5578**

**1. PLACE OF DEATH:**

(a) County **JEFFERSON**  
(b) City or town **RURAL ROCK**  
(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  
In this community **5 years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **JEFFERSON**  
(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **NEAR MAXVILLE Mo**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

8. (a) PRINT FULL NAME **ANNIE SCHMIT**

8. (b) If veteran, name war. \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JOSEPH SCHMIT** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **AUG 28 1868**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **BUDAPEST HUNGARY**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **UNKNOWN**  
13. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)  
14. Maiden name **UNKNOWN**  
15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. ROBERT R. BURNS**  
(b) Address **KIMMSWICK, Mo. R.R. #1**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **JAN. 27-1941**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **PARK LAWN CEM. ST. LOUIS, Mo.**

18. (a) Signature of funeral director **HEILIGTAG FUNERAL HOME**  
(b) Address **KIMMSWICK, Mo.**

19. (a) **Jan 27 1941** (b) **Phil J. Kirk**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan 25** day **25-1941**  
year **1941** hour **4** minute **0** M.

21. I hereby certify that I attended the deceased from **12/26**, 19**40**, to **1/16**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Hypertension**

Due to **Ch. Myocarditis**

Other conditions **Ch. Myocarditis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
Physician  
Underline the cause to which death should be charged statistically.

**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? **394**

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature **Paul F. Suck** (M. or other) **0**  
Address **Fenton, Mo.** Date signed **1/27/41**

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

**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 \_\_\_\_\_

*Arthur W. Heiligtag*

Licensed Embalmer No. *3872*

P. O. Address \_\_\_\_\_

**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.**