

Registration District No. **582**

Primary Registration District No. **4344**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **MONROE**
(b) City or town **PARIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ME BRIDE ST**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **5 YRS**
years, months or days

3. (a) PRINT FULL NAME **ANDREW SCHMIDT**

3. (b) If veteran, name war
3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **ANNA SCHMIDT**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **DEC. 15, 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **4**
If less than one day _____ hr. _____ min.

9. Birthplace **HANNIBAL MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **MOULDER**

11. Industry or business **WHEEL FOUNDRY**

12. Name **GEO. SCHMIDT**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **N.A.**
15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **F. A. Barnett**
(b) Address **PARIS, MO.**

17. (a) **BURIAL** (b) Date thereof **APR. 21, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HANNIBAL MO.**

18. (a) Signature of funeral director **Charles M. ...**
(b) Address _____

19. (a) **4-20-48** (b) **F. A. Barnett, M.D.**
(Date received local registrar) (Registrar's signature) **R.L.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**
(c) City or town **PARIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **ME BRIDE ST.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **APR** day **19**
year **1948** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 19**, 1948, to **April 19**, 1948,
that I last saw him alive on **April 19**, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Duration **N.H.**

Due to _____

Due to _____

Other conditions **559**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?
910

(Specify type of place) _____
(Specify means of injury) _____
23. Signature **F. A. Barnett**
Address **PARIS, MO.** Date signed **4-20-48**

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.

RECEIVED

District Health Officer No. 10
District File Number 5-41-894
Date Filed MAY 16 1941 MAY 16 1941

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.