DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22522

State File No.

FILED JUL 23 1942

Registration District No. 882

Primary Registration District No. 4535

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Wright City Hickory Grove Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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: 109
(a) State Missouri (b) County Warren
(c) City or town Wright City, Mo
(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.

3. (a) PRINT FULL NAME Frederick William Schmidt
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M. O
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caroline M. Schmidt
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Oct (Month) 26 (Day) 1864 (Year)

8. AGE: Years 77 Months 7 Days 5 If less than one day hr. min.

9. Birthplace St Charles (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Insurance agent
11. Industry or business
FATHER
12. Name August F. Schmidt
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Ernestine Werner
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant's own signature Clarence A. Schmidt
(b) Address Wright City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4/42 (Month) (Day) (Year)
(c) Place: burial or cremation Wright City Cem.
18. (a) Signature of funeral director Niebuhr F & A Co
(b) Address Wright City Mo
19. (a) June 3/42 (Date received local registrar) (b) Julius Niebuhr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1942 hour 5:45 minute A. M.
21. I hereby certify that I attended the deceased from April 29, 1942, to June 1, 1942, that I last saw him alive on May 24, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1/2 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Cerebral Concussion 3/29/42 auto accident	

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 109
(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)
While at work? (e) Means of injury ✓

23. Signature Charles L Garcia (M. D. ~~or other~~)
Address Warrenton Mo Date signed 6/3/42

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39 I X19511

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 Julius J. Nieburg

Licensed Embalmer No. 3366

P. O. Address Wright 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, above space should be left blank.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22527

Registration District No. 882 Primary Registration District No. 4535 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Wright City
(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 (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frederick William Schmidt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Caroline

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 26 (Day) 1864 (Year)

8. AGE: Years 77 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day
year 1942 hour minute M.

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

Immediate cause of death Coronary occlusion 1/2 hr

Due to

Due to

Other conditions Struck by automobile
(Include pregnancy within 3 months of death)

Major findings:
Of operations about 6 weeks previous

Of autopsy 170 c-8

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) accident
(b) Date of occurrence
(c) Where did injury occur? Wright City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work? No (e) Means of injury Struck by auto

23. Signature Charles L Garcia (M. D. or other)
Address Camp Maxey, Texas Date signed 9-21-42

S-22522