

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

34074  
Do not use this space.

FILED NOV 13 1942

**1. PLACE OF DEATH**

(a) County JEFFERSON Registration District No. 160  
 (b) Township PLATTIN Primary Registration District No. 5598  
 (c) City FESTUS, R.F.D.1 (d) Street No. 1 Registered No. 74  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** MINNIE KLEINSCHMIDT

(a) Residence, No. 0 St. 0  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHRIS KLEINSCHMIDT  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 21-1864

7. AGE YEARS 78 MONTHS 0 DAYS 6 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WORK  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FLUCOM MO.

FATHER 13. NAME CHRISTIAN FINK  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME CATHERINE SCHMIDT  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FLUCOM MO.

17. INFORMANT (ADDRESS) E.L. FINK FESTUS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE FESTUS DATE 9/29, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FINK BND. CO. FESTUS, MO.

20. FILED Oct 16, 1942 A. E. McInnis Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1942  
 22. I HEREBY CERTIFY, That I attended deceased from January, 1940, to Sept, 1942  
 I last saw her alive on 20 Sept, 1942. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 9/30  
 Other contributory causes of importance: Arteriosclerosis

Name of operation min Date of min  
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury min, 1942  
 Where did injury occur? min (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury min  
 Nature of injury min

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify min  
 (Signed) R. A. Clancy, M. D.  
 (Address) 1146 Pierce Bldg.

1265

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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**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. 8403

P. O. Address Bonne Terre, 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.**