

FILED SEP 9 1943

Registration District No. _____

Primary Registration District No. 4609

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town SAVANNAH
(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 90 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Specify No)
If yes, name country _____

3. (a) PRINT FULL NAME SUSANNA Schmitt

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Feb 17 - 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 5 29 hr. _____ min.

9. Birthplace Andrew co mo
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Breit
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name un known
15. Birthplace un known (City, town, or county) (State or foreign country) 9

16. (a) Informant Jules Schmitt

(b) Address Savannah mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 8-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director J. C. Breit

(b) Address Savannah mo

19. (a) 8-18-43 (Date received local registrar) (b) J. H. Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1943, to Aug 16, 1943
that I last saw him alive on Aug 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Duration 24 hrs

Due to _____

Due to _____

Other conditions none
(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Hillig (M. D. or other) _____
Address Savannah mo Date signed 8-18-43

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 E. C. Breit
Licensed Embalmer No. 2630
P. O. Address Jawonich

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, fact should be so stated above.