

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4171A
Registrar's No. 1410

FILED JAN 5 1944
Registration District No. 1000

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2131 St. Joseph Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community abt 26 yrs. (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2131 St. Joseph Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES-F. SMITH (SCHMIDT)

3. (b) If veteran, name war NO 3. (c) Social Security No. 908-10-2096

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

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

7. Birth date of deceased Feb 3 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 10 18 hr. min.

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

10. Usual occupation unknown

11. Industry or business _____

12. Name Oscar - Schmidt

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Wendy unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles F. Smith

(b) Address St. Joseph Mo

17. (a) B (b) Date thereof 12/23/43
(Cause, termination, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem

18. (a) Signature of funeral director St. Joseph Funeral Home

(b) Address St. Joseph Mo

19. (a) 12-22-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1943 hour 11:55 minute P M.

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

Immediate cause of death Acute alcoholic poisoning
(terminating in delirium tremens) 3 days

Due to Excessive drinking of alcohol

Due to _____

Other conditions (Include pregnancy within 3 months of death) MC

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? _____

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

23. Signature J. B. ... (M. D. or owner)

Address St. Joseph Missouri Date signed Dec 22/43

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

MOTHER FATHER

(125)

FEB 24 1944

for removal
Central Bldg,

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 John Roy Stoney
Licensed Embalmer No. 2435
P. O. Address St. Joseph, 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, fact should be so stated above.