

S. No. 2  
M-8-43  
5-17-39  
P1 X37623

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37545

FILED NOV 20 1944

State File No. \_\_\_\_\_

Registrar's No. 254

Registration District No. \_\_\_\_\_

Primary Registration District No. 3016

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

26  
5  
4

1. PLACE OF DEATH:

(a) County... Cole

(b) City or town... Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
318 Jefferson Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 80 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cole 26

(c) City or town... Jefferson City 5  
(If outside city or town limits, write "RURAL") 4

(d) Street No... 318 Jefferson Street  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country... 7

3. (a) PRINT FULL NAME... William C. Schmidt

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

4. Sex... Male 0 race... White 5. Color or race... White

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

6. (b) Name of husband or wife... Louise Schmidt 6. (c) Age of husband or wife if alive... 75 years

7. Birth date of deceased... March 4 1863  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	8	2	hr. min.

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

10. Usual occupation... Retired Blacksmith

11. Industry or business...

MOTHER FATHER {

12. Name... Paul Schmidt

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

14. Maiden name... Barbara Meier

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

16. (a) Informant... Paul A. Schmidt  
(b) Address... Jefferson City, Missouri

17. (a) Burial... (b) Date thereof... Nov-9-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... River View Cemetery

18. (a) Signature of funeral director...  
(b) Address... Jefferson City, Missouri

19. (a) 11-8-44 (b) Therman Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Nov... day... 6  
year... 1944 hour... 2 minute... 30 P.M.

21. I hereby certify that I attended the deceased from... 11-6 1944 to... 11-6 1944  
that I last saw him alive on... 11-6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Thrombosis

Due to... Chronic Myocarditis 5 yrs

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

Major findings:  
Of operations... 93d  
Of autopsy...

Duration  
1 hr.

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)  
Means of injury... 0

23. Signature... W. G. Gilham (M. D. or other)  
Address... Jefferson City, Mo. Date signed... 11-8-44

894

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-15-44

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 Jerd P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson 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, fact should be so stated above.