

FILED DEC 7 1944

Registration District No. 161

Primary Registration District No. 5594

State File No. _____

Registrar's No. 16-46

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural, Meramec Township
(c) Name of hospital or institution: High Ridge Mo
(d) Length of stay: In hospital or institution 1
In this community 80 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town Rural, Meramec Township
(d) Street No. High Ridge Mo
(e) Citizen of foreign country? No
If yes, name country Haernberg Germany

3. (a) PRINT FULL NAME NICKOLAUS SCHMITT

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cecilia Schmitt (Schmidt) 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Sept 13 1854

8. AGE: Years 90 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Harsburg 4 Germany

10. Usual occupation farmer

11. Industry or business farming

12. Name Matthias Schmitt 4
13. Birthplace Germany
14. Maiden name Elizabeth Wagner 4
15. Birthplace Germany

16. (a) Informant Emil Schmitt

(b) Address High Ridge Mo

17. (a) Burial (b) Date thereof Nov 18-44

(c) Place: burial or cremation High Ridge Mo

18. (a) Signature of funeral director J. H. Townsend

(b) Address House Springs Mo
19. (a) 16 Nov 1944 (b) J. H. Townsend

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 15th, year 1944, hour 2, minute _____ M.

21. I hereby certify that I attended the deceased from July 1st 1944 to Nov 15th 1944
that I last saw him alive on Nov 13th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis
Due to Rheumatism

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

Duration 2 1/2 yr
20 yr
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? _____
(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 W. J. Patton (M. D. or other) Address Fulton Mo Date signed 11/17/44

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

000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-4-44

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.....

John H. Bremer
.....
Licensed Embalmer No. 1470

P. O. Address.....
Home Springs

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.