

STANDARD CERTIFICATE OF DEATH

State File No. **40993**

**FILED** DEC 29 1945

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **281**

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:  
212 Manila Street /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 67 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cole  
 (c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 212 Manila Street  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Elizabeth Catherine Schmidli

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Dec. day 16  
 year 1945 hour 4 minute 30 A.M.

4. Sex Female / 5. Color or race White

21. I hereby certify that I attended the deceased from Oct. 15 1937 to Dec. 16 1945  
 that I last saw her alive on Dec. 16 1945  
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Joseph Schmidli 6. (c) Age of husband or wife if alive 76 years

Immediate cause of death Coronary thrombosis Duration 12 hr.

7. Birth date of deceased March 3 1868  
(Month) (Day) (Year)

Due to Chronic myocarditis 3 yr.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

Due to arteriosclerosis 8 yr.

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Charles Walz

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

14. Maiden name Margaret Meister

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

16. (a) Informant Mrs. Del Bunnmet

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-18-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director W. J. Gordin

(b) Address Jefferson City, Missouri

19. (a) 12-17-45 (b) R. P. Davis M.D.  
(Date received local registrar) (Registrar's signature)

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)  
 By means of injury \_\_\_\_\_

23. Signature W. J. Gordin (M. D. or other) M.D.

Address Jefferson City, Mo. Date signed 12/17/45

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

26  
 4

1431

**RECEIVED**  
District Health Officer No. 9,  
District File Number.....  
Date Filed 12-27-45

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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 Ford P. Dulle  
Licensed Embalmer No. 3890  
P. O. Address Jeff 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.**