

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

2181

FILED FEB 11 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 84

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:
State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year, 1 month, 18 days
In this community about 46 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 624 Prospect Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT MARIE SOPHIE SCHIRMER
FULL NAME

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

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Edward H.
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased May 17 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 6
If less than one day hr. min.

9. Birthplace Casco, Mich. Co. Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Carl Schultz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophie..... Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital records
(b) Address St. Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 1-25-46
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Missouri

19. (a) Jan. 24, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from
Nov. 1, 1944, 19 to Jan. 23, 1946
that I last saw her alive on Jan. 23, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death hypostatic pneumonia
Duration

Due to
Due to

Other conditions senility
(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 [Signature] (M. D. or other)
Address State Hosp # 2, St. Joseph, Mo. Date signed 1/23/46

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, Y. B. A.

working under my personal supervision.

Signed.....

Robert H. Apple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Missouri

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.