

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26368

FILED SEP 3 1946

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

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 964

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: St. Joseph's Hospital  
(d) Length of stay: In hospital or institution 11 Hrs. (Hosp't)  
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 2517 Mitchell Ave.  
(e) Citizen of foreign country? No  
If yes, name country \*

3. (a) PRINT FULL NAME Wilhelmine Schmidt

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry W. Schmidt 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 13 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	3	12	hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Ferdinand Zerbst

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

14. Maiden name Lena Buhr

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

16. (a) Informant Mr. Henry W. Schmidt

(b) Address 2517 Mitchell Ave.

17. (a) Burial (b) Date thereof Aug. 27, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Arthur W. Jundt  
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Aug. 28, 1946 (Date received local registrar) H. J. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25  
year 1946 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 24  
1946 to Aug 25 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Duration 1 year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 462  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Cervix - operated 1 year ago.  
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 J. J. Harshbarger (M. D. or other) MD

Address 216 Phelps & Perry Bldg Date signed 8/26/46

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

MOTHER FATHER

DEC 8 1940

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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

*Elmer Thomas*

Licensed Embalmer No. *7640*

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.**