S. No. 2
M—5-43
r. 5-17-39
P I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1947

Registration District No. 12

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41086

Primary Registration District No. 5595

Registrar's No. 46

1. PLACE OF DEATH:

(a) County: JEFFERSON

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

(c) Name of hospital or institution: HOME - NEAR BECK MO. ROCK TOWNSHIP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ((Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: JEFFERSON

(c) City or town: RURAL
(If outside city or town limits, write "RURAL")

(d) Street No.: NEAR BECK MO - ROCK TOWNSHIP
(If rural, give location)

(e) Citizen of foreign country? — NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: ANDREW W. SCHMIDT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex: M.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: FEB (Month) 10, (Day) 1904 (Year)

8. AGE: Years 42 | Months 10 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace: KIMMSWICK (City, town, or county) MO. (State or foreign country)

10. Usual occupation: LABORER

11. Industry or business

FATHER
12. Name: FRANK D. SCHMIDT
13. Birthplace: ST. LOUIS CO. (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name: CHRISTINA SIMON
15. Birthplace: MARVILLE (City, town, or county) MO (State or foreign country)

16. (a) Informant: MR. ARTHUR HARVEY - FRANK SCHMIDT
(b) Address: KIMMSWICK MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC 29 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: RICHARDSON CEMETERY

18. (a) Signature of funeral director: HEILIGTAG FUNERAL HOME
(b) Address: KIMMSWICK MO.

19. (a) DEC 29 46 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day December year 1946 hour 10 AM minute ___ M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death: Inquest held 12/27/46 — Verdict of Jury — By suicide with a 12 gauge double barrell shot gun — one shell in left hand barrell

Duration: 4 Min

Due to:

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

Major findings:
Of operations: No
Of autopsy: No

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) Suicide

(b) Date of occurrence: 12/27/46

(c) Where did injury occur? Rt 1 - Arnold (City or town) Jefferson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work? (e) Means of injury: Gun

23. Signature: C. H. Clement J.P. acting Coroner (Title or Degree)

Address: Rt 1 - Kimmswick Mo. Date signed: 12/28/46

140 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 1-8-47

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 A. Eligtag

Licensed Embalmer No. 3571

P. O. Address Kennewick

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.