

S. No. 2
M-5-43
7. 5-17-39
I X38671

FILED APR 14 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **502**

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

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:
407 1/2 Edmond Street 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 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
(If outside city or town limits, write "RURAL")
 (d) Street No. 407 1/2 Edmond Street
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Arthur F. Schmidt
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 8
 year 1947 hour 9 minute 45 P.M.
 21. I hereby certify that I attended the deceased from April 8th 1947 to _____ 19____
 that I last saw h_____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Agatha Gildersleeve
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased February 18 1885
(Month) (Day) (Year)

Immediate cause of death Mitral Insufficiency Duration
 Due to _____
 Due to _____

8. AGE: Years 62 Months 1 Days 20
 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Common laborer

MOTHER FATHER
 11. Industry or business _____
 12. Name August Schmidt
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Fredericka Brandt
 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Greiner
 (b) Address 820 No. 23rd St., St. Joseph, Mo.

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? _____

17. (a) Burial (b) Date thereof Apr. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cemetery

23. Signature B. W. Tadlock (Specify type of place) IT 3
While at work? (c) Means of injury
 Address KING HILL BLDG. St. Joseph, Mo. (M. D. or _____)
 Date signed 4/10/47

18. (a) Signature of funeral director Hester Neierhoffer
 (b) Address 1946 Colhoun St., St. Joseph, Mo.
 19. (a) Apr. 10, 1947 (b) G. G. Jenkins
(If to received local registrar) (Registrar's signature)

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.....

..... George Wingbermuehle, Registered Apprentice No. 508 Missouri
working under my personal supervision.

Signed, Albert C. Harrington
Licensed Embalmer No. 3258 Missouri
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.