S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39368

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 381

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 yrs. 1 mos. 5 das. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. City Sanitarium 4-7-1916 to 10-6-31.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME IDA AGNES SCHMIDT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 6

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased October (Month) 1 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	1	10	..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation House work

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation To Washington University Anatomical Dept. St. Louis, Mo.

18. (a) Signature of funeral director Via Miller Funeral Home
(b) Address Farmington, Missouri

19. (a) 11-18-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 287

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11 year 1947 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from April 21, 1947, 19..., to Nov. 11, 1947, 19...; that I last saw her alive on Nov. 11, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomas of Breast	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
Of autopsy No autopsy.	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 4

23. Signature George W. Reeves (M. D. or other) M.D.

Address Farmington Mo Date signed 11-15-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1147-1482

Date Filed 11-25-42

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 —

not embalmed, Registered Apprentice No. —

working under my personal supervision.

Signed Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.