

S. No. 2  
M-5-43  
5-17-39  
1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED Jul 22 1948  
Dr. Schuller

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22618  
Registrar's No. 165

Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 weeks  
In this community 54 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 118 East Atchison Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph C. Schmidt  
3. (b) If veteran, name war World War #1  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 12  
year 1948 hour 4 minute 50 P.M.  
21. I hereby certify that I attended the deceased from Sept. 2 1947 to July 12 1948;  
that I last saw him alive on July 12 1948;  
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 Married  
6. (b) Name of husband or wife Anna Schmidt  
6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased August 27th 1892  
(Month) (Day) (Year)

Immediate cause of death Brain Tumor malignant (Glioblastoma, rt. temporal lobe.) Duration 6 mos?

8. AGE: Years 54 Months 10 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 540

9. Birthplace Jefferson City, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Dry Goods Merchant

PHYSICIAN \_\_\_\_\_  
Major findings: Surgical removal of tumor on May 1, 1948 (malignant glioblastoma)  
Of operations \_\_\_\_\_  
Of autopsy Glioblastoma, Adhesions, rt. lower quadrant of abdomen.  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
11. Industry or business \_\_\_\_\_  
12. Name John C. Schmidt  
13. Birthplace Jefferson City, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Weiss  
15. Birthplace Pacific, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. C. Schmidt  
(b) Address Jefferson City, Missouri  
17. (a) Burial (b) Date thereof July-15-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation River View Cemetery  
18. (a) Signature of funeral director Thorpe J. Gordon  
(b) Address Jefferson City, Missouri  
19. (a) 7-14-48 (b) R. P. Harris M.D.  
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Donald Shell M.D. (M. D. or other) M.D.  
Address 229 E. High, Jefferson City, Mo. Date signed 7-18-48

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed JUL 21 1948

AUG 5 1948

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 *Joseph J. Gordon*.....

Licensed Embalmer No. *1286*.....

P. O. Address *Jefferson City 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.