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-39  
35697

FILED DEC 15 1948

State File No. ....

Registration District No. ....

Primary Registration District No. 3016

Registrar's No. 270

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: 312 - W - Elm /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 74 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 312 - W - Elm 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Caroline Seidel Schmidt

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 4 1874  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Cole County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Joseph Seidel 4

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

14. Maiden name Caroline Erhart

15. Birthplace Cole County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Schmidt

(b) Address 312 - W - Elm

17. (a) Burial (b) Date thereof Dec 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverway

18. (a) Signature of funeral director James Lewis

(b) Address 709 Jefferson

19. (a) 12-8-48 (b) J. O. P. Darrington  
(Date received local Registrar) (Registrar's Signature)  
Norma Schuster Dwyer  
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6  
year 1948 hour 10 minute 50 a.m.

21. I hereby certify that I attended the deceased from Dec 2  
1948, 19... to Dec 6, 19...  
that I last saw her alive on Dec 6, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days  
Due to Hypertension 2-3 yrs.

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

Major findings: Of operations g3/4 PHYSICIAN  
Of autopsy \_\_\_\_\_ 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Tanigawa (M. D. or other) MD  
Address 1 Dallmeier Bldg Date signed 12/8/48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District No. Number  
Date Filled DEC 14 1948

DEC 18 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 *J. H. Moulton*

Licensed Embalmer No. *3641*

P. O. Address *J. H. Moulton*

**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.**