

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 499BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Perryville Mo.</u>	
c. LENGTH OF STAY (in this place) <u>9 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Cape Girardeau Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
<u>Henery F. Schmidt</u>			<u>February 5 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 21 1875</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cigar Manufacturer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cigar Manufacturer</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Casper Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Stenning</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Schlueter SCHMIDT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry F. Schmidt Perryville Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Pelvic Colon</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1537</u>	

19a. DATE OF OPERATION <u>1-28-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca Pelvic Colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY; TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>U</u>

22. I hereby certify that I attended the deceased from Jan. 27, 1949 to Feb. 5, 1949, that I last saw the deceased alive on Feb. 5, 1949, and that death occurred at 9 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Hall, M.D.</u>	23b. ADDRESS <u>Cape Girardeau</u>	23c. DATE SIGNED <u>2-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 8 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antonia</u>
24d. LOCATION (City, town, or county) (State) <u>Jefferson County Mo.</u>	DATE REC'D BY LOCAL REG. <u>Feb. 8-1949</u>	
REGISTRAR'S SIGNATURE <u>W. C. Summers</u>	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 249-22

Date Filed 2-14-40

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Wallace Young

Signed _____
Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Perryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.