

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12011

(13)

BIRTH NO. 49-021589 REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 13-

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ----- Mo. b. COUNTY Gasconade 37	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann, 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Workman Hospital 0		d. STREET ADDRESS (If rural, give location) ----- 0	

3. NAME OF DECEASED (Type or Print) a. (First) "UNNAMED BABY BOY" SCHMIDT b. (Middle) c. (Last)			4. DATE OF DEATH April 25-1949 (Month) (Day) (Year)		
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5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Apr. 25-1949		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 7 48	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Hermann, Mo 0		12. CITIZEN OF WHAT COUNTRY? --- U.S.	
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13a. FATHER'S NAME Marvin Schmidt		13b. MOTHER'S MAIDEN NAME Darlene Saak		14. NAME OF HUSBAND OR WIFE -----	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin Schmidt, Hermann Mo	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature - 6 mo gestation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 hrs 45 m. 776X	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-25, 1949, to 4-25, 1949; that I last saw the deceased alive on 4-25, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carol T. Shaw MD.		23b. ADDRESS Hermann, Mo.		23c. DATE SIGNED 4-26-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-26-49		24c. NAME OF CEMETERY OR CREMATORY Hermann City		24d. LOCATION (City, town, or county) (State) Hermann Mo	
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DATE REC'D BY LOCAL REG. 4/26/49		REGISTRAR'S SIGNATURE [Signature]		2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Hermann, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 10 1949

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

Student Embalmer No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3160

Signed.....
Student Embalmer

P. O. Address Hermann, 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.