

FILED JUN 3 1949 STANDARD CERTIFICATE OF DEATH

State File No. 15471

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>5432</u>		Registrar's No. <u>22</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meramec</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Leslie Mo R#R2 Meramec</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leslie Mo R#R2</u>				d. STREET ADDRESS (If rural, give location) <u>OTW</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u> b. (Middle) <u>J.</u> c. (Last) <u>SCHMITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1949</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Feb. 17 1889</u>	9. AGE (In years last birthday) <u>60</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>7</u>	11. UNDER 24 HRS. Hours <u>7</u> Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Leslie Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Schmitt</u>		13b. MOTHER'S MAIDEN NAME <u>Katy Manhart</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Schmitt</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Catherine Schmitt, Leslie Mo R#R2</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u>									
ANTECEDENT CAUSES				DUE TO (b) <u>fell out of Boat</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Fishing in Bourboise River</u>				<u>850</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>42</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>New Schmitt Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Meramec, Franklin Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) <u>May 24</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pushing</u>		<u>36</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:10</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Phos. P. Stoffer</u>				23b. ADDRESS <u>3 Sullivan Mo</u>		23c. DATE SIGNED <u>5/25/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cath. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>New Mo</u>			
DATE REC'D BY LOCAL REG <u>5-26-49</u>		REGISTRAR'S SIGNATURE <u>Ed. Tractor</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Semme</u>		ADDRESS <u>Beaufort Mo</u>			

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 2 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 _____

E H Jenne

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E H Jenne*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.