

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23015

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

36  
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BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Franklin</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Washington</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Warren</b>	
c. LENGTH OF STAY (in this place) <b>2 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Charrette</b>		d. STREET ADDRESS (If rural, give location) <b># mi. S. W. Marthasville, Mo.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>ROSE</b>		b. (Middle) <b>SCHMIDT</b>		c. (Last) <b>SCHMIDT</b>		Date: <b>July 24 1949</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Unknown</b>		9. AGE (In years last birthday) <b>Appr. 70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Hersal Swartz</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Jacob Schmidt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <i>Jacob Schmidt</i>			
18. CAUSE OF DEATH				17. ADDRESS <b>Marthasville</b>			
Enter only one cause per line for (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH <b>7 weeks</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocarditis</b>				DUE TO (b) <b>arteriosclerosis</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>10 yrs</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 5, 1949</b> , to <b>July 24, 1949</b> , that I last saw the deceased alive on <b>July 24, 1949</b> , and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Robert H. Schmidt, M.D.</i>				23b. ADDRESS <b>Marthasville, Mo.</b>		23c. DATE SIGNED <b>7-26-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/26/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls E. &amp; R.</b>		24d. LOCATION (City, town, or county) (State) <b>Marthasville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>July 26 1949</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Belmont F. [Signature]</i>		ADDRESS <b>Marthasville, Mo.</b>	

RECEIVED  
AUG 1 1919  
District Health Officer No. 9,  
District File Number

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.

Student .....  
Student Embalmer

Signed Wilmont F. Zuberberg  
Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.