

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 22 1949

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2142</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson Barracks, Mo.</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Saint Charles</b>	
c. LENGTH OF STAY (If this place) <b>29 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Charles</b>		d. STREET ADDRESS <b>616 South 5th Street</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vet. Adm. Hospital</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <b>Jacob</b>		b. (Middle) <b>SCHMIDT</b>		c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 6, 1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 10, 1875</b>	
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days		IF OVER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>Carpenter</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Carpentry</b>		11. BIRTHPLACE (State or foreign country) <b>Hesson, Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>Carl Smith SCHMIDT</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Denenbach</b>			14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Spanish American</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eugene F. Nolan, Registrar</b>		ADDRESS <b>Vet. Adm. Hosp. Jeff. Bks. Mo.</b>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GENERALIZED ARTERIOSCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
<p><i>This does not mean the mode of dying such as heart failure, aneurysm, etc. It means a condition (injury, or complication) which caused death.</i></p>				ANTECEDENT CAUSES			
				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.			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>450.0</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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)		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>Aug. 8, 1949</b> , to <b>Sept. 6, 1949</b> , that I last saw the deceased alive on <b>Sept. 6, 1949</b> , and that death occurred at <b>9:20 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L. E. Syllwell, M.D. Chf. Prof. Services</b>				23b. ADDRESS <b>Vet. Adm. Hosp. Jeff. Bks. Mo.</b>		23c. DATE SIGNED <b>9/7/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>SEPT 8-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MARTHASVILLE MO</b>		24d. LOCATION (City, town, or county) (State) <b>MARTHASVILLE MO</b>	
DATE REC'D BY LOCAL REG. <b>9-8-49</b>		REGISTRAR'S SIGNATURE <b>Richard R. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister U. &amp; L. Co. St. Louis, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

2.  
FEB 17 1950

**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. 5

working under my personal supervision.

Student .....  
Student Embalmer

Signed Louis E. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 32605-49

State of Missouri  
County of St. Charles } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. ....

On this 13 day of February, 1950, before me appears.....

Francis Schmidt, who, upon his oath, states that the original record of ~~birth~~ death

for Jacob Schmidt, died Sept 6, 1949, 19....., in the State of Missouri, and which was filed at Jefferson City on 12/10/49, 19....., should be corrected as follows:

Item No. 3 should read Jacob Schmidt

Instead of Jacob Smith

Item No. 13a should read Karl Schmidt

Instead of Karl Smith

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief. Francis Schmidt

(SEAL) Affiant Francis Schmidt Son Relationship.

616 South 3th. St. St. Charles, Mo.  
Present Address.

Subscribed and sworn to before me this 13 day of February, 1950, 194.....

My Commission expires March 20, 1950 Walter A. Hord Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

