

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43532

State File No.

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 4533 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>Warren</u>	
b. CITY OR TOWN <u>Wright City</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Wright City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>J</u> c. (Last) <u>Schmidt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 7 1879</u>	9. AGE (In years last birthday) <u>70</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>Retired Railroad Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wright City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>

13a. FATHER'S NAME <u>August H Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Krome</u>	14. NAME OF HUSBAND OR WIFE	
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>702-05-6792</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dan Ober</u> ADDRESS <u>Wright City 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis - acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Part 5 years</u> <u>W 201</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arterio-sclerotic heart disease</u>		DUE TO (c) <u>Myocardial damage - infarcts old</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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) (Min.)	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 May 30, 1944, to Dec-25, 1949, that I last saw the deceased alive on Dec 24, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mark Campbell M.D.</u>		23b. ADDRESS <u>Wright City Mo</u>	23c. DATE SIGNED <u>Dec 26, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 27 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Wright City Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan 7-49</u>	REGISTRAR'S SIGNATURE <u>Mrs F. W. Hughes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg F. & U Co</u> ADDRESS <u>Wright City Mo</u>	

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

189
0

50

RECEIVED JAN 10 1950
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, of _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Julius J. Nieburg

Licensed Embalmer No. 3366

P. O. Address Wright City 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.