

FILED AUG 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 4404 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Altenburg Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Altenburg Mo.</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS _____ (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Martha</b>	b. (Middle) <b>Marie</b>	c. (Last) <b>Schmidt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 30 1951</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 27 1869</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Perry Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		

13a. FATHER'S NAME <b>Wilhelm Brandes</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Hemmann</b>		14. NAME OF HUSBAND OR WIFE <b>Adolph G. 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 <b>Adolph G. Schmidt</b>	
				ADDRESS <b>Altenburg Mo.</b>	

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) <b>Chronic Myocarditis</b>		DUPLICATE OF (a) _____			<b>2 years +</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis, General</b>			<b>2 years +</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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>4221</b>	
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 **May 16 1949**, to **July 30 1951**, that I last saw the deceased alive on **July 28 1951**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Theodore Fischer</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Altenburg, Mo.</b>		23c. DATE SIGNED <b>8-1-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 2 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Trinity Lutheran Cem. Altenburg Mo.</b>	
		24d. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. <b>Aug 2 - 1951</b>		REGISTRAR'S SIGNATURE <b>Joe J. Zellner</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons Perryville Mo</b>	
				ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

790

RECEIVED

AUG 11 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

SEP 15 1953

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 *Wallace Young* .....

Licensed Embalmer No. *4027* .....

P. O. Address *Perryville* .....

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 stated above.