

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41077

State File No. ....

BIRTH NO. .... REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. LENGTH OF STAY (in this place) <b>2 wks.</b>		c. CITY OR TOWN <b>Washington</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>				f. STREET ADDRESS (If rural, give location) <b>355 High St.</b> <span style="float: right;">03620</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Augusta</b> b. (Middle) <b>L.</b> c. (Last) <b>Schmitt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 29 1956.</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 4, 1889</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 12 HRS. Day <b>23</b> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Krakow, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Louis G. Schmitt</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>486-40-3304</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eugene G. Schmitt, 823 Clara Ave. St. Louis 12 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cardiac decompensation</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chr. myocarditis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia</b>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>					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)			
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>Dec 15, 1956</b> , to <b>Dec 29, 1956</b> , that I last saw the deceased alive on <b>Dec 29, 1956</b> , and that death occurred at <b>10:55a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J.P. Heidmann M.D.</b> (Degree or title)			23b. ADDRESS <b>Washington Mo.</b>		23c. DATE SIGNED <b>12/29/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 31, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Borgia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Washington, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>12/31/56</b>	REGISTRAR'S SIGNATURE <b>J.P. Heidmann</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Nieburg &amp; Vitt Inc. Washington, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed *Jerome F. Svoboda*  
Licensed Embalmer No. *450*  
P. O. Address *Washington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.