

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026638

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 163

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 16 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Washington Length of stay in 1b 40 years
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. STATE Mo. b. COUNTY Franklin
c. CITY OR TOWN Washington Inside Limits Yes No
d. STREET ADDRESS (if outside, give location) 119 E. Fourth St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Anna Sophia Schmitt
4. DATE OF DEATH Month Day Year July 11, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/3/1895 9. AGE (last birthday) 66 IF UNDER 1 YEAR Months 8 Days 8 IF UNDER 24 HR Hours 8 Min. 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Dept. 10b. KIND OF BUSINESS OR INDUSTRY Hospital 11. BIRTHPLACE (City and state or country) Brakow Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Henry Marquart 14. MOTHER'S MAIDEN NAME Sophia Westhoefer 14. NAME OF HUSBAND OR WIFE Emil G. Schmitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of service) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Mildred Schmitt Address 119 E. Fourth St. Washington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma, Generalized
DUE TO (b) Primary in Lung
DUE TO (c) Compensated by Paparotomy Feb. 1962
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 1962 to July 11, 1962 and last saw her live on July 11, 1962. Death occurred at 8:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank G. Wags M.D. 22b. ADDRESS 3119 4th Washington Mo 22c. DATE SIGNED 7/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 14, 1962 23c. NAME OF CEMETERY OR CRYPTORY St. Francis Cemetery Washington Missouri 23d. LOCATION (City, town, or county) (State)

FUNERAL DIRECTOR Hebug & Co. Inc. Washington, Mo. ADDRESS S. H. Witt 25. DATE RECD. BY LOCAL REG. 7/12/62 26. REGISTRAR'S SIGNATURE Lola C. Heidmann

USE BLACK INK OR TYPEWRITER RIBBON

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 Lester A. Vitt

Licensed Embalmer No. 3254
P. O. Address Washington, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.