N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 26 1938

Do not use this space.

26348

1. PLACE OF DEATH
County St Charles
Township ~~St Charles~~
City St Charles (No. St Joseph Hospital St. Ward)

Registration District No. 757
Primary Registration District No. 3036

File No.
Registered No. 107

2. FULL NAME Jacklyn Bernice Schmidt 530
(a) Residence, No. St Charles Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14th, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo. 0

FATHER
13. NAME Henry Schmidt 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville, Mo 0

MOTHER
15. MAIDEN NAME Mabel Holleah
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles, Mo

17. INFORMANT (ADDRESS) Henry Schmidt

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutheran Cemetery DATE July 15, 1938

19. UNDERTAKER (ADDRESS) Hackmann Bahr

20. FILED 7/15, 1938 Clarence G. Wessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1938, to July 14, 1938
I last saw her alive on July 14, 1938 Death is said to have occurred on the date stated above, at 10:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	7/14/38
Delayed delivery of Shoulders	

Other contributory causes of importance: 1/2/17

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) St Charles, Mo