REC'D MAR 9 1939

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

Do not use this space. 5657

1. PLACE OF DEATH
(a) County Jackson County 2/1 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 856
or
(c) City Kansas City Mo. (d) Street No. 5331 Highland Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Theresa Schmidt
(a) Residence, No. 5331 Highland Ave St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2nd 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
89			22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Germany 6

FATHER
13. NAME George Schweigert 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 7

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Sister Camille Sap 5331 Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. CALVARY CEM. TOPEKA, KS. DATE 2/26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BRENNAN FUNERAL HOME TOPEKA KS.

20. FILED 2/26 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1938, to Feb. 23, 1939
I last saw her alive on Feb. 23, 1939 Death is said to have occurred on the date stated above, at 5.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardosis	
9 3/4 1 year	

Other contributory causes of importance:

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? No
If so, specify .....
(Signed) Paul V. O'Rourke, M. D.
(Address) 1402 Bryant Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.