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

2876
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette — Registration District No. 454

(b) Township Middleton — Primary Registration District No. 5620 A — Registered No. 2.

(c) or City Alma Mo — (d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Schmidt

(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1862

7. AGE: YEARS 77 — MONTHS 3 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
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) Belleville Ill

FATHER
13. NAME Aug Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Wilhelmina Oellerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hilda Meyer Germany

17. INFORMANT (ADDRESS) Harvey Schmidt Alma Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blackburn DATE 1/8 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hoek & Meiners Lager Blackburn Mo

20. FILED Jan 8 - 1940 Mrs Frank McClure
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6. 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-15- 1939, to Jan. 5. 1940
I last saw him alive on Jan. 5- 1940. Death is said to have occurred on the date stated above, at 1.20 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemmorrhage — Date of onset

Other contributory causes of importance:
Fracture of the neck of the right femur on 12-15-39

Name of operation none — Date of .....
What test confirmed diagnosis? Clinical — 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 Fall
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: .....
(Signed) J. G. W. Fischer M. D.
(Address) Alma, Mo.

(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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11/10/40

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 C. G. Memershagen, Registered Apprentice No. ..... working under my personal supervision.

Signed C. G. Memershagen

Licensed Embalmer No. 1095

P. O. Address .....

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

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