

SEP 10 1941 85  
Registration District No.

Primary Registration District No. 1001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community Lifetime  
years, months or days)

3. (a) PRINT FULL NAME Emil Schmidt  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar. 12 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 3  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Liquor dealer

12. Name Anton Schmidt

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Rommel

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Schmidt  
(b) Address 1726 Ashland Ave. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Aug. 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Mansions

18. (a) Signature of funeral director Herrmann & Sons  
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Aug 16 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1726 Ashland Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th  
year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8/11/41 to 8/15/41  
that I last saw him alive on 8/14/41  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address P. St. J. Date signed 8/16/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 25 1941

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**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.....

*Albert C. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.**