

S. No. 2
A-1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7676
State File No. _____
Registrar's No. 260

FILED MAR 2 1942
Registration District No. 7942

Primary Registration District No. 3036

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution Thirty One Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Postage De Sioux, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 23
year 1942 hour 11 minute _____ P. M.
21. I hereby certify that I attended the deceased from 12/23, 1941, to 1/23, 1942
that I last saw h. or alive on 1/22, 1942
and that death occurred on the date and hour stated above.

4. Sex Female / race White
5. Color or race _____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Schmidt
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased April 28 1867
(Month) (Day) (Year)

Immediate cause of death Intestinal obstruction (Changulation)
Due to ventral hernia
Duration 1 mo
30 yrs.

8. AGE: Years 74 Months 8 Days 25
If less than one day _____ hr. _____ min.

Due to operation in 1912
Other conditions gangrene of ileum
(Include pregnancy within 3 months of death) 48 hrs.

9. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Major findings:
Of operations gangrene of ileum, ventral hernia
Of autopsy same 12311
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Fred Stratmann
13. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown - Reichardt
15. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred St. Schmidt
(b) Address Postage De Sioux, Mo.
17. (a) Rural (b) Date thereof Jan. 26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Francis Cem. Postage De Sioux Mo.

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? _____

18. (a) Signature of funeral director H.C. Dillmeyer
(b) Address 500 N. Second, St. Charles, Mo.
19. (a) Jan 25, 1942 (b) Clarence H. Glesler
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature B. L. Heibers (M. D. or other) M.D.
Address St. Charles, Mo. Date signed 1/29/42

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(Licensed Embalmer's Statement on Reverse Side)

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 John B. Dallmeyer
Licensed Embalmer No. 2957
P. O. Address St Charles 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.