

No. 2
12-45
17-39
47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41626

State File No. _____

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Pike
 (b) City or town Louisiana
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
309 S. 3 rd. Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
80 years
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Pike 82
 (c) City or town Louisiana 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 309 S. 3 rd. Street 1
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mollie Schmitt
 3. (b) If veteran, name war No.
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 8
 year 1946 hour 5 minute 05 P. M.
 21. I hereby certify that I attended the deceased from Nov. 1st
1946 to Dec. 8 1946
 that I last saw her alive on Nov 21 1946
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John F. Schmitt
 6. (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased July 16 1864
 (Month) (Day) (Year)

Immediate cause of death Cardiac Failure
 Due to Fracture of left hip as of July 4, 1946
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>22</u>	hr. _____ min.

22. If death was due to external causes, fill in the following: 82
 (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? _____
 While at work? (Specify type of place) _____
 Means of injury _____

9. Birthplace Pittsburg, Penna.
 (City, town, or county) (State or foreign country)

10. Usual occupation HWI.

11. Industry or business Home

12. Name Charles Emil Heimboldt
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Holly
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Dillender
 (b) Address 309 S. 3 rd. St., Louisiana,

17. (a) Burial (b) Date thereof 12/10/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview, Gem.
Haley Mortuary

18. (a) Signature of funeral director _____
 (b) Address Louisiana, Mo.

19. (a) 12/9/46 (b) Bernice Collier
 (Date received local registrar) (Registrar's signature)

23. Signature Emil D. Mayes M. D. (Other) _____
 Address Louisiana, Mo. Date signed 12-9-46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 1
District File Number 47-38
Date filed JAN - 7 - 1947

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, ~~XXX~~.....

....., ~~XXXXXX~~ Registered Apprentice No.
working under my personal supervision.

Signed *George O. Hagner*
Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.