

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11294

FILED MAR 29 1948 3
Registration District No. _____

Primary Registration District No. 6236

Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Rural (Charrette Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community life years, months or days

3: (a) PRINT FULL NAME August H. Schmidt
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Minnie Dusenberg 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 28, 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. F. Schmidt
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Humberg
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm. H. Schmidt
(b) Address Wright City, Mo.

17. (a) Burial (b) Date thereof 3-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lippstadt Church Cem. Warren County, Mo.

18. (a) Signature of funeral director F. W. Nieburg & Co.
(b) Address Warrenton, Mo.

19. (a) 3/20/48 (b) _____
(Date received local registrar) (Date of signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18
year 1948 hour about 2 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Over exertion
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. F. H. Krigge (M.D. or other) _____
Address Warrenton, Mo. Date signed March 20 1948

RECEIVED
District Health Officer No. 9,
District File Number MAR 27 1948
Date Filed _____

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 E. Herlinger
Licensed Embalmer No. 44409
P. O. Address Warrenton, Me.

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.