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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15936

Registration District No. 116 — Primary Registration District No. 3020 — Registrar's No. 76

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren 109
(c) City or town Warrenton Mo. 1 (If outside city or town limits, write "RURAL") 0
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theodore William Schemmer
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓ 2
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased July 26th 1868 (Month) (Day) (Year)

8. AGE: Years 79 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace St. Charles Co (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business ✓
FATHER
12. Name Henry Schemmer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Mrs Alvin Eversmeyer
(b) Address Wright City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 48 (Month) (Day) (Year)
(c) Place: burial or cremation Wright City Cem
18. (a) Signature of funeral director Nieburg R&U Co
(b) Address Wright City Mo
19. (a) May 29, 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1948 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from 10-4 1947, to 5-27, 1948; that I last saw him alive on 5-27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Poisoning acute Paris Green suicide	4-6 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Lac. Wound Palmar surface left wrist - self inflicted	2 hrs

Major findings:
Of operations
Of autopsy 16 H.D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Lac W. Left wrist
(b) Date of occurrence 5-27-48 Suicide
(c) Where did injury occur? Warrenton (City or town) Warren (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury knife
23. Signature Harold [illegible] (M. D. or other) MD
Address Warrenton Mo Date signed 5-27-48

(Licensed Embalmer's Statement on Reverse Side)

JUN 15 1949

JAN 6 1949

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUN 9 1948

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 Julius J. Nieburg

Licensed Embalmer No. 3386

P. O. Address Wright City 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.