

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 22 1932

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

4118

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson (No. _____, _____ St. _____ Ward)

File No. 51
 Registered No. _____

2. FULL NAME Francis X. Schellmann

(a) Residence, No. 519 Madison St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Katherine Schellmann</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 19, 1851</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>80</u>	<u>6</u>	<u>7</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>				
FATHER	13. NAME <u>Joseph Schellmann</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mrs. Otto Pohl</u> (ADDRESS) <u>Jefferson City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jeff. City, Mo.</u> DATE <u>2-29-32</u> 19 <u>32</u>				
19. UNDERTAKER <u>Chas. P. Heinrichs</u> (ADDRESS) <u>Jefferson City, Mo.</u>				
20. FILED <u>3/1/32</u> 19 <u>32</u> <u>W. B. Bidford</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to Feb 26 1932
 I last saw him alive on Feb 25 1932 Death is said to have occurred on the date stated above, at 7 am.
 The principal cause of death and related causes of importance were as follows:
Cancer of stomach
45B of 6B
131 of 6B
 Other contributory causes of importance:
Primary hypertension
Chronic mitral regurgitation

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury _____, 1932
 Where did injury occur? ✓ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify no
 (Signed) W. A. Clark, M. D.
 (Address) Jefferson City, Mo.

