

REC'D SEP 13 1939

Registration District No. 773Primary Registration District No. 6018ARegistrar's No. 135

1. PLACE OF DEATH:

(a) County St. Francois 3
 (b) City or town Farmington St. Francois Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 10 yrs. 8 mos. 25 days (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Thos. S. Schell 400

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
Single alive _____ years
 7. Birth date of deceased ? 2 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 Un. Un. hr. _____ min.

9. Birthplace Unknown
(City, town, or country) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown 913. Birthplace Unknown 9
(City, town, or country) (State or foreign country)14. Maiden name _____
15. Birthplace _____
(City, town, or country) (State or foreign country)16. (a) Informant's own signature Records of State Hospt. #4(b) Address Farmington, Mo.17. (a) Burial (b) Date thereof 8-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cemetery of State Hospt. #418. (a) Signature of funeral director Richardson Funeral Home(b) Address Farmington, Mo.19. (a) Aug 18-39 (b) V. S. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. Newport Avenue
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14
year 1939 hour 7:20 A.M. minute _____ M.21. I hereby certify that I attended the deceased from
11-15, 1938, to 8-14, 1939;
that I last saw him im alive on 8-13, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Rt. Lower Pneumonia 1 day
 Due to _____
 Due to _____

Other conditions Sensibility
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy Rt. Lower Lower Pneumonia
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) _____

(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 R. Kuhlman (M. D. or other) _____Address Farmington, Mo. Date signed 8-18-39

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.....

Paul Dugal....., Registered Apprentice No. *172*
working under my personal supervision.

Signed *Virgil W. Heleh*
Licensed Embalmer No. *4102*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.