

Registration District No. 73

Primary Registration District No. 6018A

Registrar's No. 94

FILED JUN 11 1941

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital Number Four
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Years
(Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4114 Beechwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1941 hour 9:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from 1-7- 1938 to 5-30 1941;
that I last saw him alive on 5-30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, left side
Duration _____

Due to Bilateral pulmonary tuberculosis
Due to _____

Other conditions Schizophrenia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Bilateral cortical atrophy
Of autopsy Refused
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? _____

(Specify type of force) _____
While at work? _____ (Specify type of force) _____
(Specify means of injury) _____
23. Signature Paul J. Schuch (M. D. or other) _____
Address Farmington, Mo. Date signed 6-9-41

3. (a) PRINT FULL NAME Dale C. Wisdom

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male (M) 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 15, 1912
(Month) (Day) (Year)

8. AGE: Years 29 Months 1 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name John W. Wisdom

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

14. Maiden name Beatrice Hearst

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Wisdom

(b) Address 4114 Beechwood Pine Lawn Mo.

17. (a) Burial (b) Date thereof 6/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) June 10-41 (b) F. J. Robinson
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Samuel Hampton

Licensed Embalmer No.....

2967

P. O. Address.....

A. Louis, 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.