. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

94
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0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15427

State File No.

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 53

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Near Farmington St Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr. 5 mo. 2 da (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 94

(c) City or town Benton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LUKE THOMAS

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 None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) 29 (Day) 1887 (Year)

8. AGE: Years 55 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " 9
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery of State Hosp. #4 Farmington, Mo.

18. (a) Signature of funeral director John A. Neidert

(b) Address Farmington, Mo.

19. (a) 4-4-42 (Date received local registrar) (b) Byrdie S. Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3 year 1942 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from 9-25, 1940, to 4-3, 1942 that I last saw him alive on 4-3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic hemorrhagic glomerulonephritis, with terminal uremia.	7 yrs
Due to	
Other conditions Schizophrenia (Include pregnancy within 3 months of death)	6 yrs

Major findings:
Of operations
Of autopsy

131

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 place)

While at work? (e) Means of injury 0

23. Signature Paul J. Schrader (M. D. or other) MD

Address Farmington, Mo Date signed 4-3-42

1146 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 54 - 589
Date Filed 5-13-41

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed John A Neidert

Licensed Embalmer No. 2238

P. O. Address Farmington

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.