

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

**15993**  
Do not use this space.

**REC'D MAY 22 1939**

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773

(b) Township..... Primary Registration District No. 4464

(c) City Farmington, Mo. (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St.

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

2. PRINT FULL NAME: 350 Mabel Pearl Stamm

(a) Residence, No. .... St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry Stamm</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 20, 1900</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>5</u>	DAYS <u>16</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as 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)  
Nebraska

FATHER

13. NAME Austin Pickrel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Wesleykingdom, Ohio

MOTHER

15. MAIDEN NAME Sarah Ann Piper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Murpherson

17. INFORMANT (ADDRESS)  
Harry Stamm  
Farmington, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Masonic DATE 4/9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)  
Reider and Co  
Farmington, Mo

20. FILED April 7, 1939 B. J. Robinson  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1939, to April 5, 1939. I last saw him alive on April 5, 1939. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia & embolism

Other contributory causes of importance: Influenza

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
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? No  
If so, specify.....  
(Signed) L. M. Stausfeld, M.D.  
Farmington Mo

Date of onset  
March 26  
1939

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.

30M-1-2-38 I X 14028

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**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, .....

*Johannick* ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Johannick* .....

Licensed Embalmer No. *2238* .....

P. O. Address .....

**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, above space should be left blank.**