

10-39
7-39
X2149

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 3859

1. PLACE OF DEATH:

(a) County. _____
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME. William Schell 400

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

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

6. (b) Name of husband or wife. Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 1 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 28 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Schell

18. Birthplace St. Thomas Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Hoppe
15. Birthplace St. Thomas Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Cassmeyer

(b) Address 4503a Bircher Ave.

17. (a) Removal (b) Date thereof 4-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Thomas, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4900 Washington Ave.

19. (a) APR 29 1940 (b) J. H. Schell
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street, No. B. F. 060 S. Main
3400 S. Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28
year 1940 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Brachy Pneumonia
Due to _____

Chronic Sclerosis
Due to _____

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

Major findings: Of operations 107a

Of autopsy _____

Duration _____

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 Walter Cassmeyer (M. D. or other) _____

Address _____ State _____

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

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

Walter W. Harper

Licensed Embalmer No.

1861

P. O. Address.....

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

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