

Registration District No. **784**

Primary Registration District No. **(01)**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Clayton, Mo.**
(c) Name of hospital or institution: **St. Louis Co. Hospital**
(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 **Roy R. Schofield**
3. (b) If veteran, name war **World's** 3. (c) Social Security No. **Yes - not remembered**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Stella L. Schofield** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **Aug. 29, 1895.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 **9** **5** hr. min

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

10. Usual occupation **Unemployed**

11. Industry or business _____

MOTHER FATHER { 12. Name **William G. Schofield**
13. Birthplace **Utah**
(City, town, or county) (State or foreign country)
14. Maiden name **Minnie Coffeman**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Stella L. Schofield**
(b) Address **5957 Ridge Ave.**

17. (a) **Burial** (b) Date thereof **May 6/41.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Zion Cem.**

18. (a) Signature of funeral director **Jos. W. Clark**
(b) Address **1125 Hodiament Ave.**

19. (a) **MAY - 5 1941** (b) **D.P. Meyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **5957 Ridge Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **3**
year **1941** hour **6.05** minute **P.M.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Stab wound of the abdomen at the hands of William D. Roach** Duration _____

Due to **Stab wound of abdomen; peritonitis; bronchopneumonia**

Due to _____

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

Major findings: Of operations _____
Of autopsy **Yes** **Heft**
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) **Homicide**
(b) Date of occurrence **May 1, 1941**
(c) Where did injury occur? **Wellston**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place) (e) Means of injury **3**

While at work? _____
23. Signature **Louis H. Bapp** (M. D. or other) **3**
Address **Kirkwood, Mo.** Date signed **5/5/41**

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

76
2
3

5

JUN 30 1941

Bopp

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.....

Geo. W. Block

Licensed Embalmer No..... 1661.....

P. O. Address..... 1125 Hodiament Ave.....

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.