

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

Do not use this space.
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1. PLACE OF DEATH
 County St. Louis Registration District No. 113-2
 Township Delmar Primary Registration District No. 5-176
 City St. Louis (No.) St. Ward

File No.
 Registered No.

2. FULL NAME John Schemel
 (a) Residence No. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Katherine Schemel (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 - 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 10 23
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ballerger, Co., Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Michael Schemel
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) France (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Katherine Schano
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

14. INFORMANT Clarence Schemel
 (Address) 1823 Beuson St St Louis Mo

15. FILED _____, 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8th 1931
 17. I HEREBY CERTIFY, That I attended deceased from May 29th 1931 to Aug 8th 1931 that I last saw him alive on July 23th 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous Nephritis
 (duration) yrs. mos. ds. 31
 CONTRIBUTORY Influenza (SECONDARY)
 (duration) yrs. mos. ds. 13

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? NO DATE OF
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. H. Parks M. D.
 , 19 (Address) Perryville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lithium Cemetery DATE OF BURIAL Aug 9, 1931

20. UNDERTAKER Zellman Youngblood ADDRESS Perryville, Mo.

N. E.—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. AUG 25 1931

AGE 81

CAUSE

LABORER

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Cape Girardeau Registration District No. 1152 File No. _____
 Township: Papple Creek Primary Registration District No. 5-176 Registered No. _____
 City: _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John Schemel
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, 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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

BURIAL, CREMATION, OR REMOVAL _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS) _____

20. FILED 8/10 1937 N. J. Klaus Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

N. B.—By this 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.

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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