

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Mason Primary Registration District No. 3029
City Hannibal (No. St. Elizabeth Hospital) St. 6th Ward 7

File No. 23764
Registered No. 213
St. 6th Ward 7

2. FULL NAME

BENTON RUSSELL SCHEU
(a) Residence, No. 412 Rack St. 1st Ward 7
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1912
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 21 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Shoe Co.
10. Date deceased last worked at this occupation (month and year) July 6, 1933 11. Total time (years) spent in this occupation 11 7 months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

13. NAME John J. Scheu

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Iowa

15. MAIDEN NAME Cleaner Quirk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

17. INFORMANT (ADDRESS) John J. Scheu, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE July 9 1933

19. UNDERTAKER (ADDRESS) Rev. R. Schwartz, Hannibal, Mo.

20. FILED July 10 1933 W. J. Seibert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1933
22. I HEREBY CERTIFY, that I attended deceased from 7-7-33, 19... to 7-9-33, 19...
I last saw him alive on 7-7-33, 19... Death is said to have occurred on the date stated above, at 9:25 a.m.
The principal cause of death and related causes of importance were as follows:

Fracture of skull
concussion of brain
cerebral hemorrhage
multiple lacerations
Other contributory causes of importance:
rupture of spleen
Name of operation Ripon Date of 7-7-33
What test confirmed diagnosis? Clin Was there an autopsy? no

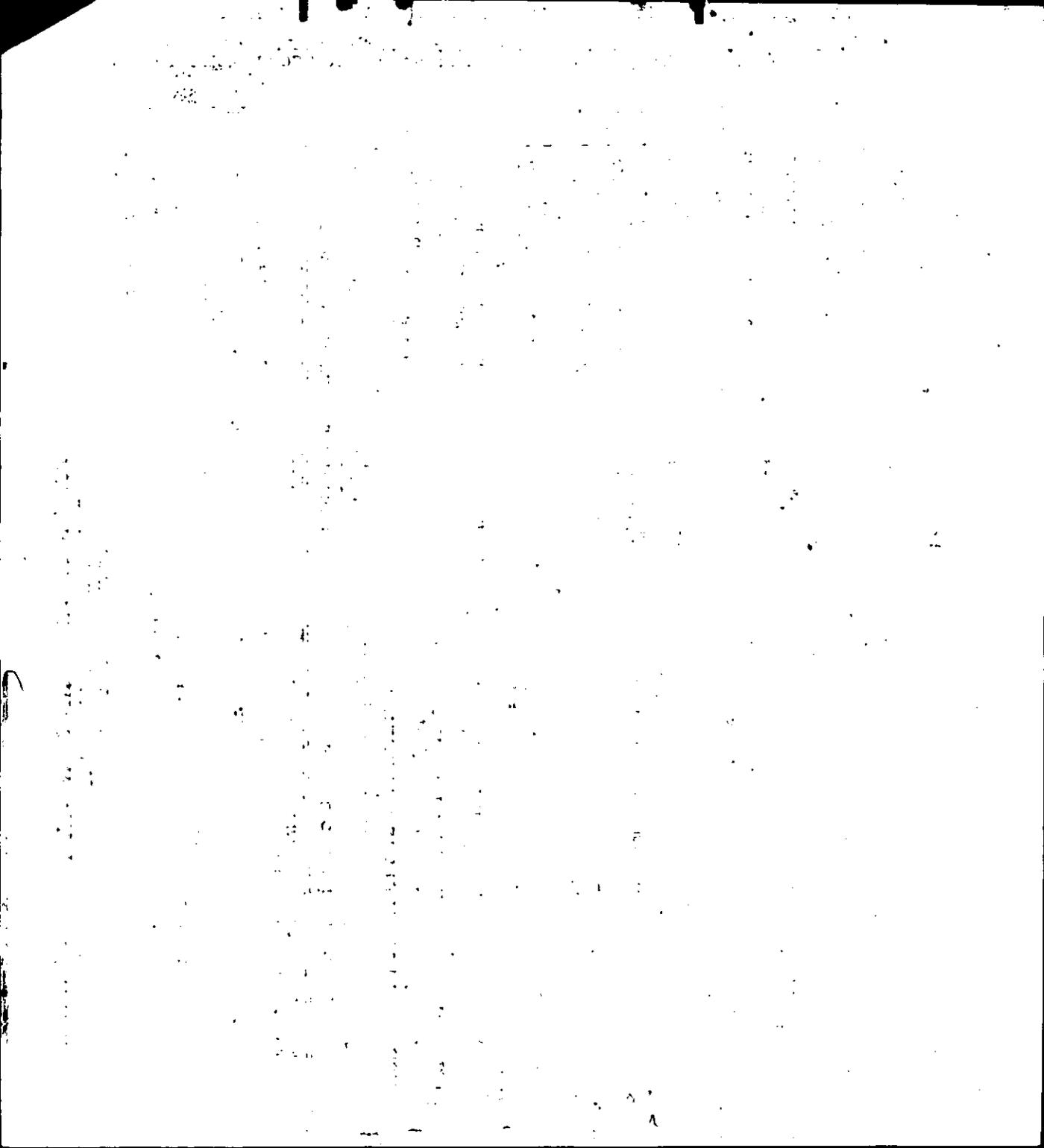
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-7-1933
Where did injury occur? Blvd - Hannibal Mo
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury auto wreck
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Keubler M. D.
(Address) 117 1/2 Bluff Hannibal Mo

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.



INQUEST for Benton Scheu was held in Court House,
Hannibal, Marion County, Missouri on July 7, 1933.

The verdict of the Coroners Jury:

The death of Benton Scheu and Catherine Weber was caused from improper conduct in riding and driving car in a crowded condition and improper parking of truck.

We further find that conditions exist where trucks are parked on streets in a dangerous position and that cars are operated in a crowded and dangerous manner, making it unsafe to life and limb of riders.

We further find no evidence of criminal negligence on the part of driver of car or driver of truck.

Signed,


Coroner, Marion County, Missouri.

MISS 26 1933

5-23764