

REC'D APR 27 1938

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

11720  
Do not use this space.

1. PLACE OF DEATH  
(a) County Perry Registration District No. 659  
(b) Township Cinquet Homme Primary Registration District No. 5876  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 Anton Schemel 540  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Schemel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 - 1880  
7. AGE YEARS - MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
57 6 13

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
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) Ballinger Co Mo13. NAME Nicholas Schemel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger Co Mo15. MAIDEN NAME Gertrude Buch16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger Co Mo17. INFORMANT (ADDRESS) Mrs John Blechte Perryville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Buchle Cove DATE April 13 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Yanket Sons Perryville Mo20. FILED April 13, 1938 Martin Hockel Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 193822. I HEREBY CERTIFY, That I attended deceased from March 5 1937 to April 11 1938I last saw him alive on April 10 1938 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Acute ~~coronary~~ Coronary dilatation Sudden  
Date of onset

Other contributory causes of importance:  
Coronary sclerosis  
Chronic myocarditis 2 yrs

Name of operation none 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 Oscar Carron, M. D.  
(Signed)(Address) Perryville, Mo

**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 *Edward G. Young*

Licensed Embalmer No. *2138*

P. O. Address *Perryville Mo*

**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:**