

RECORDED JUL 12 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township
City St. Louis, Mo. (No. 516)

Registration District No. 791
Primary Registration District No. 1003
St. Johns Hosp

File No. 20209
Registered No. 5053
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Crystal City, Mo. St. NR 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. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Schembre</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12, 1881</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>2</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 1939</u>	11. Total time (years) spent in this occupation <u>19 years</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
	13. NAME <u>Joseph Schembre</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
MOTHER	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
17. INFORMANT (ADDRESS) <u>Joe Schembre, Crystal City, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crystal City, Mo.</u> DATE <u>June 4, 1939</u>	
19. UNDERTAKER (ADDRESS) <u>Funeral Home, Crystal City, Mo.</u>	
20. FILED <u>JUN 5 1939</u> <u>J. B. Bredbeck</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939
22. I HEREBY CERTIFY that I attended deceased from May 10, 1939 to June 1, 1939
I last saw deceased alive on May 31, 1939. 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:

Operative
fracture of
117a
Date of onset
Other contributory causes of importance:
OPERATION FOR DILATORS OF STOMACH
Name of operation Fracture of 117a Date of May 27
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) [Signature] M. D.
(Address) University Club Bldg.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 7 8 1948

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Eric Starbuck
UF