

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25360

State File No. _____

FILED JUL 27 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1562

1. PLACE OF DEATH:

(a) County. St Louis

(b) City or town. Koch

(c) Name of hospital or institution: Robert Koch Hosp
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: in hospital or institution. 1 mo 7 days
(Specify whether)

In this community. 16 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St Louis 000

(c) City or town. St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3905 a Cottage
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HAROLD SHAMEL

3. (b) If veteran. no name war.

3. (c) Social Security No. 498-23-1962

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1942 hour _____ minute 05 P.M.

21. I hereby certify that I attended the deceased from June 12, 1942 to July 19, 1942 and that death occurred on the date and hour stated above.

4. Sex. MO 5. Color or race W

6. (a) Single, widowed, married, divorced. M

6. (b) Name of husband or wife. Bessie Shamel nee O'Connor

6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. January 26 1890
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>52</u>	<u>5</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death. Pulmonary Tuberculosis

Duration 3-4 mos +

Due to _____

Due to _____

9. Birthplace. Ellsworth Co Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation. father

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name David Shamel

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name. Clara Adkins

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant. Hospital Record

(b) Address. Robert Koch Hospital

17. (a) Burial (b) Date thereof 7/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lanier Hill Cem.

18. (a) Signature of funeral director. H. J. Leidner and Co.

(b) Address. 2223 St. Louis Ave.

19. (a) JUL 21 1942 (b) [Signature]
(Date received from informant) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature. Frank Cohen (M. D. or other) no

Address. Robert Koch Hosp Date signed. 7/20/42

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

9600

5-16-54

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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis 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.