S. No. 2
M—2-43
5-17-39
1 X25697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22493

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 1425

JUN 25 1943

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Robertson Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lambert Field 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96
(c) City or town Robertson 0
(If outside city or town limits, write "RURAL")
(d) Street No. Lambert Field
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Dale Schamerhorn

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male — 5. Color or race White 0 — 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased Mar (Month) 27 (Day) 1924 (Year)

8. AGE: Years 19 — Months 2 — Days 23 — If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Seaman U. S. Navy

11. Industry or business .....

FATHER
12. Name Le Roy Schamerhorn
13. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Blanche
15. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant USNAB Lambert Field
(b) Address St. Louis, Mo.,

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 6-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bagley Wisconsin

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.,

19. (a) JUN 22 1943 (Date received local registrar) (b) C. G. McGarvey MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1943 hour 8:25 minute A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Injuries, multiple, extreme Severance of Spinal column

Due to Struck by aeroplane propeller

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide~~, or ~~homicide (specify)~~ Accident 0 96
(b) Date of occurrence June 19 1943
(c) Where did injury occur? Lambert Field Roberston (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Lambert Field Roberston, Mo. (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature L. C. Supan (M. D. or other)
Address U S Naval Air Sta St. Louis MO Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 John M. Meyer

Licensed Embalmer No. 3285

P. O. Address Kirkwood, 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, fact should be so stated above.