

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Biella - Rural Appleton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sup  
(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 Cape Girardeau  
(c) City or town Biella (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wayne Leo Schemel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

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

7. Birth date of deceased November 21, 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. 30 min.

9. Birthplace Cape County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER: FATHER: { 12. Name Arthur Schemel  
13. Birthplace Cape County (City, town, or county) Mo. (State or foreign country)  
14. Maiden name Bertha Berthelmer  
15. Birthplace Cape County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Arthur Schemel  
(b) Address Biella, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Biella Catholic Cem.

18. (a) Signature of funeral director Ray General Home  
(b) Address Perryville, Mo.

19. (a) 11-22-44 (Date received local registrar) (b) Henry Potting (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st  
year 1944 hour 5:50 minute PM

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 Premature Birth

Due to do not know

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature O J Meller (M. D. or other) \_\_\_\_\_  
Address Perryville Mo. Date signed 11/21/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16  
0  
0

RECEIVED

District Health Officer No. 4

District File Number 1244-4674

Date Filed 12-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Albert Bey*

Licensed Embalmer No. 3866

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, fact should be so stated above.