

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 24 1949

No. 300
10-48

16
14

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

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u>		b. (Middle) <u>F.</u>	
		c. (Last) <u>Schemel</u>	
4. DATE OF DEATH (Month) <u>June</u> (Day) <u>9</u> (Year) <u>1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 6 1893</u>
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Feed Store Operator</u>	
11. BIRTHPLACE (State or foreign country) <u>Perry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Michael Schemel</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Dickerson</u>	
14. NAME OF HUSBAND OR WIFE <u>Theresia Schemel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY <u>492-09-6589</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Theresia Schemel Perryville Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease ?</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Primary atypical pneumonia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u>		19d. AUTOPSY? <u>NO</u>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 5, 1949</u> , to <u>June 9, 1949</u> , that I last saw the deceased alive on <u>June 9, 1949</u> , and that death occurred at <u>9:31 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles F. Wilson M.D.</u>		23b. ADDRESS <u>Cape Girardeau Mo.</u>	
23c. DATE SIGNED <u>6-11-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 13 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-13-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo.</u>		ADDRESS	

RECEIVED

Health Officer No. 4
File Number 649-818
Date Filed 6-20-49

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wallace Young.....

Licensed Embalmer No. 4027.....

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.