No. 300
Rev. 10-48

4002

FILED APR 27 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

15207

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1019

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Overland 4001
d. STREET ADDRESS (If rural, give location) 1815 Morven Ave. 1

**3. NAME OF DECEASED** (Type or Print)
a. (First) SAMUEL
b. (Middle) E.
c. (Last) SCHOFIELD

**4. DATE OF DEATH** (Month) 4 (Day) 19 (Year) 50

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widower 2
**8. DATE OF BIRTH** Aug. 17, 1880
**9. AGE** (In years last birthday) 69 — IF UNDER 1 YEAR: Months 7, Days 2 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Printer
**10b. KIND OF BUSINESS OR INDUSTRY** Newspaper
**11. BIRTHPLACE** (State or foreign country) Monticello Illinois
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME** John D. Schofield
**13b. MOTHER'S MAIDEN NAME** Unknown
**14. NAME OF HUSBAND OR WIFE** Pearl Schofield

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** 304-01-8473
**17. INFORMANT'S SIGNATURE OR NAME** Rev. John D. Schofield — ADDRESS Evansville Ind.

**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) acute mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* incarcerated Femoral Hernia — 3 days.
Cirrhosis - liver — ?

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 561.1
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4-16-, 1950, *to* 4-19-, 1950, *that I last saw the deceased alive on* 4-19-, 1950, *and that death occurred at* 5:05 A. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) E. J. Scheme Jr. M.D.
**23b. ADDRESS** 601 Brentwood, Clayton
**23c. DATE SIGNED** 4-19-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE**
**24c. NAME OF CEMETERY OR CREMATORY** New Crown Cemetery
**24d. LOCATION** (City, town, or county) (State) Indianapolis Ind.

**DATE REC'D BY LOCAL REG.** 4-19-50
**REGISTRAR'S SIGNATURE** Herbert R. Domke, MD
**25. FUNERAL DIRECTOR'S SIGNATURE** Bull-Campbell Mortuary — ADDRESS 4215 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Rex E. Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis 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.**