

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31990**  
Registrar's No. **8585**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>DOUGLASS MO.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>DOUGLASS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>DOUGLASS MO.</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>DOUGLASS MO.</b>	<b>2287</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Foot of Bowen Dr. White</b>		e. STREET ADDRESS (If rural, give location) <b>White</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>White</b> c. (Last) <b>Schell</b>		DATE OF DEATH (Month) (Day) (Year) <b>8 22 51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH (Month) (Day) (Year) <b>11 18 84</b>
10a. USUAL OCCUPATION (Where kind of work done during most of working life, even if retired) <b>W</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>W</b>	11. BIRTHPLACE (State or foreign country) <b>Mo. 68 yrs.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	13a. FATHER'S NAME <b>W</b>	13b. MOTHER'S MAIDEN NAME <b>W</b>	14. NAME OF HUSBAND OR WIFE <b>W</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <b>W</b>	16. SOCIAL SECURITY NO. <b>W</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. C. Sayler</b> ADDRESS <b>1300 Clark</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Asphyxiation Due to Drowning; true face</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES		
DUE TO (b)		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Determined = 100% open Verdict</b>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>E 9299</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl Smith M.D.</b>	23b. ADDRESS <b>3 1300 Clark</b>	23c. DATE SIGNED <b>9/21/51</b>
24a. BURIAL OR CREMATION (Specify)	24b. DATE <b>9-28-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <b>SEP 28 1951</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Happe</b>	ADDRESS <b>4700 Washington</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1457

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.**

State of Missouri }  
County of \_\_\_\_\_ } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 31990  
Local Registrar's No. 8595

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of May, 1952, before me appears Mrs. Mamie Hovekamp, who, upon her oath, states that the original record of death for Charles Schell died August 22nd, 1951, in the State of Missouri, and which was filed at St. Louis on Aug. 22, 1951, should be corrected as follows:

- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_ The unknown white male floater, found at the foot of Iron Street, buried in the City Cemetary at Mount Lebanon through identification of clothes. positively identifies him as her brother, Charles Schell, 68 years of age on the 3rd day of May, 1952, born in Missouri, a cooper, single, who resided with her at 3533 Illinois.
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
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Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Witness: Thomas P. Barry

Affiant: Mamie Hovekamp

Relationship.

3533 Illinois

Present Address.

Subscribed and sworn to before me this 6 day of May, 1952

My Commission expires 3-4-53

Eva O. Passon  
Notary Public.

Patrick E. Taylor  
1300 CLARK AVE.  
CORONER



ST. LOUIS

Alfred J. Perry  
Joseph M. Quinn  
DEPUTIES

#  
31990

8585

May 6, 1952

Mamie Hovekamp appeared before me on the 6th day of May, 1952, and positively identified an unknown white male that came from the Mississippi River at the foot of Iron Street, whom we buried in the City Cemetery at Mount Lebanon as her brother, Charles Schell, 68 years of age, born on the 3rd day of May, 1884, born in Missouri single, occupation a cooper, residing with her at 3533 Illinois. This identification was made through his clothing. Attached affidavit of Mamie Hovekamp.

Steve Quinn  
Witness

Patrick E. Taylor  
Patrick E. Taylor, Coroner