

No. 30
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11543**

FILED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 651

4801

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. John's		c. CITY (If outside corporate limits, write RURAL and give township) St. John's	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8615 Hume Avenue		d. STREET ADDRESS (If rural, give location) 8615 Hume Avenue	

3. NAME OF DECEASED (Type or Print) ADELE SCHEMBER			4. DATE OF DEATH (Month) (Day) (Year) 3 - 9 - 1952		
a. (First)		b. (Middle)		c. (Last)	

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 6/14/1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary	10b. KIND OF BUSINESS OR INDUSTRY Butts Rlty. Co.	11. BIRTHPLACE (State or foreign country) Pinckneyville, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Robt. Schember	13b. MOTHER'S MAIDEN NAME Marie Louise Wangelin	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Adolph S. Schember	ADDRESS 4315 Lafayette
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		1 yr.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) GENERAL ARTERIO SCLEROSIS 10 YRS.		5 YRS.
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from JUNE 1, 1951, to MAR. 9, 1952, that I last saw the deceased alive on MAR. 9, 1952, and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE <i>Adolph S. Schember</i>	(Degree or title) MD	23b. ADDRESS 1194 Kodak Road	23c. DATE SIGNED 3-16-52
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24a. BURIAL CREMATION, REMOVAL (Specify) Cremation	24b. DATE 9/12/52	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 3-11-52	REGISTRAR'S SIGNATURE <i>Herbert R. Donke MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc.	ADDRESS 6175 Delmar
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SW (Licensed Embalmer's Statement on Reverse Side)

Dr O O White
1194 Holmiston

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 *J. E. McCulloch*

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6135 Pilmas

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.