

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26861

FILED JUL 31 1953

State File No. 6549

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2921 ⁹ Magnolia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2921 ⁹ Magnolia		17 2921 ⁹ Magnolia	
3. NAME OF DECEASED a. (First) Lena b. (Middle) c. (Last) Schamel		4. DATE OF DEATH (Month) (Day) (Year) July 1, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 9, 1875
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lawrence Hodenfeld	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Jacob Schamel	
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. No	
17. INFORMANT'S SIGNATURE OR NAME Clarence J. Schamel		ADDRESS 2921 ⁹ Magnolia	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocarditis DUE TO (c) Endocarditis Mitral II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation	
INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs. 18 mos. 5 mos.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 422.2		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	
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 Dec. 17, 1950, to July 1, 1953, that I last saw the deceased alive on June 30, 1953, and that death occurred at 3:30 a.m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. J. Orklaubert		23b. ADDRESS 2767 Garvie St. St. Louis, Mo.	
23c. DATE SIGNED July 1, 1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 3, 1953		24c. NAME OF CEMETERY OR CREMATORY New ST. Marcus	
24d. LOCATION (City, town, or county) (State) ST. Louis, Mo.		DATE REC'D BY LOCAL REG. JUL 2 1953	
REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Will Bur. & U.C. 2927 S. Jefferson	

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 A. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson

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.