

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15236

STATE FILE NUMBER

FILED APR 26 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's 3491

Health,  
& Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Mo.</i> b. COUNTY                                      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <i>St. Louis</i>   |   | c. CITY OR TOWN <i>St. Louis</i>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <i>Lutheran Hosp.</i>   |   | d. STREET ADDRESS (If outside, give location) <i>2921 Magnolia</i>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <i>Irvin</i> Middle <i>Joseph</i> Last <i>Schamel</i>   |   | 4. DATE OF DEATH<br>Month <i>April</i> Day <i>10</i> Year <i>1957</i>   |   |
| 5. SEX <i>Male</i>   | 6. COLOR OR RACE <i>White</i>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Jan. 11 1908</i>  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Assembler</i>  | 9b. KIND OF BUSINESS OR INDUSTRY <i>Cherrolet.</i>  | 9c. AGE (In years last birthday) <i>49</i>  | 9d. IF UNDER 1 YEAR<br>Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min.                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |   |
| 11. BIRTHPLACE (City and state or country) <i>St. Louis Mo.</i>  |   | 12. CITIZEN OF WHAT COUNTRY? <i>U. S. C.</i>  |   |
| 13. FATHER'S NAME <i>Jacob Schamel</i>   |   | 14. MOTHER'S MAIDEN NAME <i>Lera Launfeldt.</i>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no.</i>  |   | 16. SOCIAL SECURITY NO. <i>490-05-2646</i>  |   |
| 17. INFORMANT <i>Allieda Schamel</i>   |   | Address <i>3107 Nebraska.</i>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Ac. Myocardial Failure</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Cachexia-</i><br>DUE TO (c) <i>Carcinoma of Pancreas.</i> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>72 hours</i><br><i>2 mos</i><br><i>4 mos</i>               |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><i>157x</i> |   |   |
| 20c. TIME OF INJURY<br>Hour <i>a. m.</i> Month, Day, Year <i>p. m.</i>   | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                   |   |   |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY STATE  |
| 21. I attended the deceased from <i>3:40 10/6/56</i> to <i>4/10/57</i> and last saw her/him alive on <i>4/9/57</i><br>Death occurred at <i>3:40 p. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE (Doctor or title)<br><i>Walter H. Neuffer M.D.</i>  |   | 22b. ADDRESS <i>3108 S. Grand</i>   |   |
| 22c. DATE SIGNED<br><i>APR 11 '57</i>  |   |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   | 23b. DATE<br><i>4-13-57</i>   | 23c. NAME OF CEMETERY OR CREMATORY<br><i>New St. Marcus Cem.</i>  | 23d. LOCATION (City, town, or county) (State)<br><i>St. Louis Mo.</i>                             |
| 24. FUNERAL DIRECTOR<br><i>Wirth Bros. L &amp; Co. 2929 S. Jefferson</i>   |   | 25. DATE RECD. BY LOCAL REG.<br><i>APR 11 '57</i>   |   |
| 26. REGISTRAR'S SIGNATURE<br><i>Carl Smith Mo</i>  |   |   |   |

Dr. Haefer  
3108 S. Edward

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *VE Morris*

Licensed Embalmer No. *336*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.