

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040699

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10240**

**FILED NOV 13 1962**

1. PLACE OF DEATH  
 a. COUNTY **Illinois**  
 b. CITY (if outside corporate limits, give TOWNSHIP only) **St. Louis** Length of stay in 1b **4 Days**  
 c. CITY OR TOWN **Springfield** Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) **402 N. 14th St.** Reside on Farm Yes  No

3. NAME OF DECEASED First **JUDITH** Middle **SCHEIMANN** Last **SCHEIMANN** 4. DATE OF DEATH Month **Oct.** Day **25,** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **12/12/1937** 9. AGE (last birthday) **24** IF UNDER 1 YEAR Months **24** Days **0** Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Teacher** 10b. KIND OF BUSINESS OR INDUSTRY **School** 11. BIRTHPLACE (City and state or country) **Mobile, Alabama** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Rev. William J. Kennell** 13b. MOTHER'S MAIDEN NAME **Marjorie E. Eckblad** 14. NAME OF HUSBAND OR WIFE **Max H. Scheimann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **XXXXXXXXXXXX** 16. SOCIAL SECURITY NO. **XXXXXXXXXXXX** 17. INFORMANT **Max H. Scheimann** Address **Springfield, Illinois**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Compound comminuted fracture of the skull lacerations of the brain; internal hemorrhage; multiple Traumatic lesions; suffered in auto accident on highway 66 in vicinity of Staunton, Ill., on Oct., 19th 1962. CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **OPEN VERDICT**  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT, SUICIDE, HOMICIDE    **Open verdict** 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **See Above**

20c. TIME OF INJURY Hour **10** a.m. **10-19-62** p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Highway** 20f. CITY, TOWN, OR LOCATION **Staunton, Illinois** COUNTY **Illinois** STATE **Illinois**

21. I attended the deceased from **2:10 P.** to **2:10 P.** and last saw her/him alive on **10-19-62** Death occurred at **2:10 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Max H. Scheimann** (Degree or title) **1300 Clark** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **10-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Oct. 26, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Springfield, Illinois** (State) **Illinois** 23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR **BEIDERWIENEN F.H. INC., 1936 ST. LOUIS AVE.** ADDRESS **OCT 28 1962** 25. DATE FILED BY REG. **OCT 28 1962** 26. REGISTRAR'S SIGNATURE **Max H. Scheimann, M.D.**

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AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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: Homer W. Fritz

SB-31-01 Licensed Embalmer No. 3882

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.