

SEP 25 1930

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

27183

1. PLACE OF DEATH

County Polk

Registration District No. 461

Township Lexington

Primary Registration District No. 3024

City Lexington (No.       )

St.        Ward       

2. FULL NAME Lella Schenewerk

(a) Residence. No.        St.        Ward       

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED WIFE OF S. V. Schenewerk  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
41 3 11

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) at home  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) California  
(STATE OR COUNTRY)

10. NAME OF FATHER Philipp Dexheimer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Hardwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England  
(STATE OR COUNTRY)

14. INFORMANT Wilmington Schenewerk  
(Address) Lexington, Mo

15. Aug 26 1930 Lella Schenewerk  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1930

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1929, to Aug 26, 1930 that I last saw h.        alive on       , 19       and that death occurred, on the date stated above, at 8:20 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral hemorrhage  
87A  
199  
19 (duration)        yrs.        mos.        ds.  
CONTRIBUTORY (SECONDARY) Hypertension & Arteriosclerosis  
release (duration) 2 yrs.        mos.        ds.

18. WHERE WAS DISEASE CONTRACTED       

IF NOT AT PLACE OF DEATH       

DID AN OPERATION PRECEDE DEATH?        DATE OF       

WAS THERE AN AUTOPSY       

WHAT TEST CONFIRMED DIAGNOSIS?       

(Signed)        M. D.

Aug 26 1930 (Address) Lexington, Mo

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lexington Mo

DATE OF BURIAL Aug 27 1930

20. UNDERTAKER Ernest Hegert

ADDRESS Lexington Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

