

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19758**
Registrar's No. **1087**

Registration District No. **377**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **since 4-21-47**
(Specify whether
in this community **two weeks**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
Venita Park,
(If outside city or town limits, write "RURAL")
(d) Street No. **8319 Madison**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **SCHELL, Norbert G.**

3. (b) If veteran, name war **World War I**
Social Security No. **4-95-12-128**
No. **UNKNOWN**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 26 1895**
(Month) (Day) (Year)

8. AGE: Years **51** Months **6** Days **21** If less than one day hr. min.

9. Birthplace **St. Thomas, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

12. Name **Simon C. Schell**

13. Birthplace **St. Thomas, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Gerling**

15. Birthplace **St. Thomas, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Veterans Adm. Hospital**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Removal** (b) Date thereof **5-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Thomas Cemetery**

18. (a) Signature of funeral director **Buescher Undertaking Co.**

(b) Address **Jefferson City, Missouri**

19. (a) **5-19-47** (b) **Carol J. Shapiro**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**
year **1947** hour **3:25** minute **A.** M.

21. I hereby certify that I attended the deceased from **4-21-47**, 19____, to **5-17-47**, 19____;
that I last saw him alive on **5-17-47**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRO-VASCULAR ACCIDENT.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **No operations**

Of autopsy **No autopsy**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **NO**

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **1**

23. Signature **L. E. Schell** (M. D. or other) _____

Address **Vet. Adm. Hosp., Jeff. Bks., Mo.** Date signed **5-17-47**

Duration **UNK.**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MAY 23 1947

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Victor Biescher
Licensed Embalmer No. 3701
P. O. Address Jefferson City, Mo.

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.