

FILED DEC 27 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42930**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **106211**

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)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital 2 Weeks		16 3520 A.S. Compton Ave	

3. NAME OF DECEASED (Type or Print) Charles Schell			4. DATE OF DEATH (Month) (Day) (Year) 12-9-1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-6-1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Packer		10b. KIND OF BUSINESS OR INDUSTRY Scruggs Vandervort		11. BIRTHPLACE (State or foreign country) Missouri N		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME: Unknown		13b. MOTHER'S MAIDEN NAME Fredericka Weik		14. NAME OF HUSBAND OR WIFE *****	
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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. None		17. INFORMANT'S SIGNATURE OR NAME Wm Thurner		ADDRESS 3520 A.S. Compton Ave	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Infarctus Both Lungs		ANTECEDENT CAUSES					
DUE TO (b) Muscular thrombosis Rt Vent		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) Cardiac Arrhythmia Anemymom.							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Coronary insufficiency					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2-O1	

22. I hereby certify that I attended the deceased from **12/19/49** to **12/19/49**, 19**49**, that I last saw the deceased alive on **12/9/49**, 19**49**, and that death occurred at **2:45** p.m., from the causes and on the date stated above.

23a. SIGNATURE C. Kienzel HMA (Degree or title)		23b. ADDRESS 2800 Chippewa St		23c. DATE SIGNED 12/19/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-13-1949		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) 4360 Bates St Mo	
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DATE RECD BY LOCAL HEALTH DEPT. DEC 12 1949		REGISTRAR'S SIGNATURE J. B. Hasater		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenfuss Bros.		ADDRESS 6409 Gravois Ave.	
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DR. KIENZEL 2800 CHIPPEWA ST. GR 2423 1 TO 3 WRITE PLAINLY—USING UNFAADING 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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.