

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003472

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

248

300
-57

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64

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.		Length of stay in lb 1 1/2 mo.	d. STREET ADDRESS (If outside, give location) 3648 Virginia Ave

3. NAME OF DECEASED (Type or print) First Anna Middle Schamel Last Schamel			4. DATE OF DEATH Month 1 Day 7 Year 59		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 14, 1870	9. AGE (In years last birthday) 88	10. MONTHS 8	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) New Athens, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME -- Hensche	13b. MOTHER'S MAIDEN NAME -- unknown	14. NAME OF HUSBAND OR WIFE Otto Schamel
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Oscar Schamel - 2747a Allen Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture Right Femoral Neck		INTERVAL BETWEEN ONSET AND DEATH 4 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) E 904023		

20a. ACCIDENT <input checked="" 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.) Unknown place except Alcazar Hotel
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20c. TIME OF INJURY 3:30 p.m.	Hour --- Month 9 Day 16 Year 58
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 164	20f. CITY, TOWN, OR LOCATION COU COUNTY STATE
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21. I attended the deceased from 11-20-58 to 1-7-59 and last saw her alive on 1-7-59 Death occurred at 5:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) John W. Beckham, M.D.	22b. ADDRESS 5800 Arsenal	22c. DATE SIGNED 1/8/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 9, 1959	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR Wacker-Helderle Und. Co. - 3634 Gravois	ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 9 '59	26. REGISTRAR'S SIGNATURE Carl Smith M.D.
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USE ONLY BLACK INK OR RUBBER TYPewriter TYPEWRITE IF POSSIBLE

All diseases in Part I must be carefully related.

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 Delia J. Krispin
Licensed Embalmer No. 3497
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.