

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

11278

State File #

Dist. No. 060 Serial No. 1039

1. NAME OF DECEASED (Type or Print) JOHN-BLUFORD-SCHENEBERG a. (First) b. (Middle) c. (Last)			2. DATE OF DEATH September 26-1950 (Month) (Day) (Year)		
3. PLACE OF DEATH a. County Cabell			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before death) a. State West Virginia b. County Cabell Co.		
b. City (If outside corporate limits, write RRAL and give Dist.) Huntington		c. Length of Stay (in this place) 62 yrs	c. City (If outside corporate limits, write RRAL and give District) Huntington		d. Street Address (If rural, give location) 63 316 - Huntington St.
d. Full Name of (If not in hospital or institution, give street address, hospital or institution) St Marys Hospital			5. SEX Male		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, SINGLE, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11/20/87	9. (In years) IF OVER 1 YEAR Days 62 10. 6	IF UNDER 24 HOURS Hours
10a. USUAL OCCUPATION Plasterman		10b. KIND OF BUSINESS OR INDUSTRY Plastering	11. BIRTHPLACE (State or foreign country) Guyandotte, W. Va.		17. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME George P. Scheneberg			14. MOTHER'S MAIDEN NAME Miriam Lee Beards		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) Yes		16. SOCIAL SECURITY NO. 234-16-6258	17. INFORMANT Mrs Beatrice Scheneberg		
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		MEDICAL CERTIFICATION (a) Carcinoma of urinary bladder 2 yrs. Pyelonephritis bilateral severe Due to (b) Carcinoma of urinary bladder Due to (c) 181X		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 8/26/50	19b. MAJOR FINDINGS OF OPERATION Tumor of urinary bladder		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY OR DISTRICT (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at <input type="checkbox"/> Work Not while <input type="checkbox"/> at Work	21f. HOW DID INJURY OCCUR?	21g. INQUEST Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
22. I hereby certify that I attended the deceased from Sept 25 , 19 50 , to Sept 26 19 50 that I last saw the deceased alive on Sept 25 , 19 50 and that death occurred at 9:15 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Thomas B. Draw M.D.			23b. ADDRESS Huntington W Va		23c. DATE SIGNED 9/28/50
24a. BURIAL, CREMATION, REBURIAL (Specify) Burial	24b. DATE 9/30/50	24c. NAME OF CEMETERY OR CREMATORY Highland	24d. EMBALMERS SIGNATURE LIC. NO. Harold C. Seard 910		
DATE REC'D BY LOCAL REG. 9/30/50	REGISTRAR'S SIGNATURE Carl L. Guiguer	25. FUNERAL DIRECTOR'S SIGNATURE Harold C. Seard		LIC. NO. 511	

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

10 5 50 2 2682