

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

Do not use this space.

8009

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **3407 Peralogy 6**)

File No. _____
Registered No. **1263**
St. _____ Ward _____

2. FULL NAME

Katherine E. Schoenthaler

(a) Residence. No. _____ St. **16** 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)** **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 20 1856**

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. | |
|--------|-------|--------|------|--|-----------|
| | | | | 70 | 11 |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Homework**
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN; (STATE OR COUNTRY) **St. Louis**

10. NAME OF FATHER **G. Schoenthaler**

11. BIRTHPLACE OF FATHER (CITY OR TOWN; (STATE OR COUNTRY) **German**

12. MAIDEN NAME OF MOTHER **Katherine Bickman**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; (STATE OR COUNTRY) **German**

14. INFORMANT **J. P. Schoenthaler**
(Address) **3407 Peralogy 6**

15. FILED **FEB -5 1927** **May 6 Starceoff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 2 1927**

17. I HEREBY CERTIFY, That I attended deceased from **January 30, 1927, to February 2, 1927**
that I last saw him alive on **Feb 2, 1927** **and that death occurred, on the date stated above, at** **8 30** **m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia
8 30 P
07 (duration) **3** yrs. **3** mos. **3** ds.
CONTRIBUTORY Arterio-sclerosis
(SECONDARY) (duration) **8** yrs. **8** mos. **8** ds.

18. WHERE WAS DISEASE CONTRACTED **1750**
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? **no** **DATE OF** _____

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical**
(Signed) **J. P. Schoenthaler** M. D.
(Address) **2128 Grand Ave**

*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 **Concordia** **DATE OF BURIAL** **Feb 6 1927**

20. UNDERTAKER **Thos. H. Biedermeyer** **ADDRESS** **1936 St. Louis Ave**

N. E. 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! ATTENTION RECORD

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
Township..... Primary Registration District No. 1003 Registered No. 1263
City St. Louis (No. St. Ward)

2. FULL NAME

Katherine E. Schoenthaler
(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 D 4. COLOR OR RACE A 5. SINGLE, MARRIED, WIDOWED OR DIVORCED D
(Write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of

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

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
| | | | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 19 May 6 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1927

17.

I HEREBY CERTIFY, That I attended deceased from to 18..... that I last saw him on 18....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) 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. , 19 (Address)

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

Feb. 6 1927

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

Every item of information should be stated EXACTLY. AGE should be stated EXACTLY. PLACES should be stated EXACTLY. CAUSE OF DEATH in plain terms, and should be properly classified. Exact statement of OCCUPATION should be given.

5-6090