

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

Do not use this space.

2610

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
.....

File No.
Registered No. **169**
St. Ward)

2. FULL NAME Kenneth Schoenwelder

(a) Residence, No. 1112 Allen St., 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24 - 1921

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>6</u>	<u>1</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School
(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) Mo

PARENTS

10. NAME OF FATHER Herman Schoenwelder

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

12. MAIDEN NAME OF MOTHER Hilda Sarker

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

14. INFORMANT Herman Schoenwelder (Address) 1112 Allen (Father)

15. FILED 11-5-28 19 Nov 6 Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 4 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 19, 1927, to Jan 4, 1928, that I last saw him alive on Jan 4, 1928, and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria, Myocarditis & Laryngeal
10 9:30 A
CONTRIBUTORY (SECONDARY) Myocarditis, acute
(duration) 0 yrs. 1 mo. 0 ds.
(duration) 0 yrs. 0 mo. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 1112 Allen

DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-21-27

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Blinded & Laboratory

(Signed) George H. Garrison, M. D.

1-4, 1928 (Address) Isolation Hosp

*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 New St Marcus DATE OF BURIAL 1-7 1928

20. UNDERTAKER Dr Schumacher ADDRESS 3013 Miramonte

N. B.—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.

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