

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

Do not use this space.

43086

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *2107*)

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

File No.....
Registered No. *12375*
St..... Ward.....

2. FULL NAME

Female Joetes of Walter & Eleanor Schoenfeld

(a) Residence. No. *2107 Sidney* St., *23* 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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 17 - 1928*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 day 20 hrs.

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER *Walter Schoenfeld*

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

12. MAIDEN NAME OF MOTHER *Eleanor Gutentuch*

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

14. INFORMANT *J. W. Kerner*
(Address) *Def. Coro Office*

15. FILED *1929* REGISTRAR *Max C. [unclear]*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 19 1928*

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... *5 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
7 Mo. Gest.
12 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cause *Heart*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Mo. Mo.*
IS NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WERE THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. W. Kerner* M. D.
12/19/28 (Address) *Def. Coro*

*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 *Dec 19 1928*

20. UNDERTAKER *Witt Bur.*
ADDRESS *1929 Jefferson*

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

