

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

Do not use this space.

3035

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **10039**
City **St. Louis Mo.** (No. **Alexian Bro Society**)
St. Ward)

File No.
Registered No. **218**
St. Ward)

2. FULL NAME

Thomas Schoenborn
(a) Residence. No. **426 1/2 Michigan** St. **15** 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 7 - 1857**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	11	26		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **510 Cigar Business**
(b) General nature of industry, business, or establishment in which employed (or employer) **Manufacturer**
(c) Name of employer

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

PARENTS

10. NAME OF FATHER **Tom Schoenborn**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY) **10**
12. MAIDEN NAME OF MOTHER **Unknown**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

14. INFORMANT **Mary Schoenborn**
(Address) **426 1/2 Michigan Ave**

15. FILED **Jan - 6 1931** **Max E. Barker**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 3 - 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 7 - 1930** to **Jan 3 - 1931** that I last saw **him** alive on **Nov 3 - 1930**, and that death occurred, on the date stated above, at **11:00** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic with complete collapse of Cardio-Vascular System.
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **Cancer of Prostate.**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **11/20/30 & 1/2/31**
WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS **Chicago**
(Signed) **Thompson** M. D.
1/4 1931 (Address) **Frices Building**

*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 **Sunset Burial Pk.** DATE OF BURIAL **Jan 6 - 1931**

20. UNDERTAKER **Ziegenhein Bros. 2623** ADDRESS **6th St.**

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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