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

Do not use this space.

37706

1. PLACE OF DEATH

County St. Louis — Registration District No. 784

Township St. Ferdinand — Primary Registration District No. 6030

City ..... (No. Highway #99 St. Cyr Rd. St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Paul Schoene

(a) Residence, No. 6416 Vermont Ave. 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1869

7. AGE: Years 64 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tax Collectors Office

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky.

FATHER

13. NAME Wm Schoene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Louise Rode

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Alma Schoene 6416 Vermont

18. BURIAL, CREMATION, OR REMOVAL — PLACE New Picklestein DATE Nov. 4 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister & Co. 7814 So Broadway

20. FILED 11-18 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide; By hanging self with rope. Fixing rope to limb in tree, then putting noose around neck and jumping down. Causing strangulation. Found by passerby on Highway #99 In St. Ferdinand Township, St. Louis County, Mo.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Coroner's view Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luke B. Turner 11/2/33 M.D.

(Address) 3718 Jennings Rd. Coroner St. Louis Co., Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD