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.

FEB 21 1935

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

Do not use this space.

791
1003

2837

File No. 71 20
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis (No. Compton & Chippewa St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Frank Schoenborn

(a) Residence, No. 3454 Louisiana 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	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) Feb. 3nd. 1916.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
18	10	28	

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. Dry Goods

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) St. Louis, Mo.

FATHER

13. NAME Fred Schoenborn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Marie Olander

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

17. INFORMANT Fred Schoenborn
(ADDRESS) 3454 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cemt. DATE Jan. 4th. 1935

19. UNDERTAKER Wacher-Hilderle
(ADDRESS) 2531 S. Broadway

20. FILED FEB -2 1935 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1st. 1935

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:35 AM

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

	Date of onset
Shock & injuries, fractured skull and laceration of brain	

Other contributory causes of importance: Degenerative Disease

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/31, 1934
Where did injury occur? St Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto Collision
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Harold E. Colby, M. D.
(Address) Lyons