

APR 11 1936

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

Do not use this space.

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2365

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Deaconess Hospital) St. Ward)

2. FULL NAME Charles A. Schoening

(a) Residence, No. 6224 Famous St. 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 -- 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (year) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.13. NAME Frederick Schoening14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Emilie Stifel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Theeling Va.17. INFORMANT (ADDRESS) Has Schoening 3526 N Prairie18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Mar. 4th 193619. UNDERTAKER (ADDRESS) Schumacher 3013 Leramec St.20. MAR 3 1936 19 St Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2nd. 193622. I HEREBY CERTIFY That I attended deceased from 2/21/36 19..... to 3/2/36 19.....

I last saw h. alive on 3/1/36 19..... Death is said to have occurred on the date stated above, at 3:40 A.M.

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

Causes of Pneumonia Date of onset

gall bladder drained for obstruction of common duct cause of obstruction unknown

Other contributory causes of importance:

Ch. Subcutaneous Nephritis

gouty rheumatism of acetabulum

Name of operation Gall Bladder Drain Date of 2/23/36

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?..... 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) Edw. R. Bailey M. D.(Address) 620 No. Theatre Bldg. St. Louis

1100 11.11.11 13.5.11

11 AM.