

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

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

Do not use this space.

**JUN 6 1936**

**791  
1008**

**21142**

**1. PLACE OF DEATH**

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City..... **St. Louis** (No. **3750 Bloy Street**)

File No.....  
Registered No. .... **5350**  
St. .... Ward)

**2. FULL NAME** Julia Ann Schoenheit

(a) Residence, No. 3750 Bloy Street St. 1 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Henry J. Schoenheit</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>September 2, 1864</b>		
7. AGE YEARS <b>71</b>	MONTHS <b>8</b>	DAYS <b>17</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <b>At Home</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....		
10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **Jefferson County**  
(STATE OR COUNTRY) **Missouri**

13. NAME **(Unknown) Harness**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Annie Hardesty**

16. BIRTHPLACE (CITY OR TOWN) **Jefferson County**  
(STATE OR COUNTRY) **MISSOURI**

17. INFORMANT **Henry Schoenheit**  
(ADDRESS) **3750 Bloy St.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Missouri Crematory** DATE **May 22, 1936**

19. UNDERTAKER **C. Hoffmeister Und. & Livery Co.**  
(ADDRESS) **7814 So. Broadway, St. Louis, Mo.**

20. FILER **J. Bredeck**  
**MAY 20 1936** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Dec-13-1935 to May-19-1936**, 1936

I last saw her alive on **May-19-1936**, 1936. Death is said to have occurred on the date stated above, at **12:15 P.M.**

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

**Chronic Myocarditis** Date of onset  
**Senility**

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **No**

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) **R. S. Pratt** M. D.  
(Address) **606 Virginia Ave.**

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.

D. S. Parrott