

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

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.

NOV 4 1936

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

Do not use this space.

791  
1008

39254

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... Saint Louis, Missouri (No. Lutheran Hospital, St. Ward)

File No..... 10287  
Registered No.....  
St. Ward

2. FULL NAME Milton W. Schoen,

(a) Residence, No. 3224 South 13th, Street, St. 24 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) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18th, 1904.		
7. AGE YEARS 32	MONTHS 1	DAYS 23
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri.  
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Charles Schoen

14. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri.  
(STATE OR COUNTRY)

15. MAIDEN NAME Louise Felkel

16. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri.  
(STATE OR COUNTRY)

17. INFORMANT Charles Schoen  
(ADDRESS) 3224 South 13th, Street.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New St. Marcus Cem. DATE October 13th, 36

19. UNDERTAKER J. S. Purn  
(ADDRESS) 2523 Cherokee Street.

20. FILED OCT 13 1936 J. S. Purn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 9<sup>th</sup>, 1936, to Oct 11, 1936  
I last saw him alive on Oct 10, 1936 Death is said to have occurred on the date stated above, at 4:10 A.M.  
The principal cause of death and related causes of importance were as follows:

Pneumonia  
Date of onset Oct 8/36

Other contributory causes of importance: Pancreatic acutis

Name of operation none Date of .....  
What test confirmed diagnosis? C. 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? no  
If so, specify .....  
(Signed) J. S. Purn, M. D.  
(Address) 1803 Pettibarger

