

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.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **739 Walton Ave.**)

39425

File No.
Registered No. **10464** St. Ward)

2. FULL NAME **Ervin A. Schönle**

(a) Residence, No. St., **12** 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 Andrea Sanguinet (Maiden)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1881		
7. AGE 55	YEARS	MONTHS 2
		DAYS 17
		If LESS than 1 day, hrs. or min.

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

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

13. NAME **John Schönle**

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

15. MAIDEN NAME **Don't Know**

16. BIRTHPLACE (CITY OR TOWN) **Don't know**
(STATE OR COUNTRY)

17. INFORMANT **Andrea Schonle**
(ADDRESS) **739 Walton**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Vahalla Cemetery** DATE **Oct. 19, 36**

19. UNDERTAKER **Thos J. Farnan**
(ADDRESS) **1519 S Grand Blvd**

20. FILED **OCT 18 1936**
H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 17 1936**
22. I HEREBY CERTIFY, That I attended deceased from **Sept 1 - 1936** to **Oct 17 1936**
I last saw him alive on **Oct 16 1936** Death is said to have occurred on the date stated above, at **2 A.** m.
The principal cause of death and related causes of importance were as follows:

Myo-carditis-Chronic Date of onset **Sept 1, 36**
131
Other contributory causes of importance: **Intermittent Refracting Hypermetropia**

Name of operation **none** 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? **no** Date of injury **no**, 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? **yes**
If so, specify
(Signed) **W. S. Seaver**, M. D.
(Address) **4721 W. Oklahoma**

