

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

29539

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791  
 (b) Township St. Lukes Hos'p Primary Registration District No. 1003  
 (c) City St. Louis Mo. (d) Street No. St. Lukes Hos'p Registered No. 8172  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Meyer Schoen  
 (a) Residence, No. 5228a Enright Ave St. 12  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF cora Falkenburg  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1864  
 7. AGE YEARS 73 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. commercial collector  
 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 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Leopold Schoen  
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Fredericka Linz  
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Mrs Cora Schoen (ADDRESS) 5228a Enright

18. BURIAL, CREMATION, OR REMOVAL PLACE valhalla DATE 8/31/37

19. FUNERAL DIRECTOR Wagner (ADDRESS) 4356 Lindell Blvd

20. FILED AUG 30 1937 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1937, to August 29, 1937.  
 I last saw him alive on August 29, 1937 Death is said to have occurred on the date stated above, at 9:20 m.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Aug 24/37  
108  
 Other contributory causes of importance: Prostatic Hypertrophy 1 year ago

Name of operation Prostatectomy Date Aug 21/37  
 What test confirmed diagnosis? Autopsy 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) Joseph E. Glenn, M. D.  
 (Address) 9518 Arcade Bldg

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.

SEP 10 1937

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STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

Benj. C. Duncan L. E.

No. 2272 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Benj. C. Duncan  
Licensed Embalmer No. 2272

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**