

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32418

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City. **St. Louis, Mo.** (d) Street No. **3732 Keokuk** St.
 (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.

Registered No. **8472**2. PRINT FULL NAME **Mrs. Mary Schoenborn**

(a) Residence, No. **3732 Keokuk Street** St. **16**
 (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 **Female** 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 **Thomas Schoenborn**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 29, 1863**
 7. AGE YEARS **74** MONTHS **2** DAYS **9** If LESS than 1 day, ... hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Household**
 9. Industry or business in which work was done, as 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) **St. Louis,**
 (STATE OR COUNTRY) **Missouri**

13. NAME **John Burger**

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

15. MAIDEN NAME **Catherine Unknown**

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

17. INFORMANT (ADDRESS) **Robert Studhalter**
3732 Keokuk St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset B. Park** DATE **Sept. 10, 1937**

19. FUNERAL DIRECTOR **Beiderwieden Funeral Home**
 (ADDRESS) **1936 St. Louis Ave**

20. FILED **SEP 8 1937** 19 **J. H. Brucke**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 8, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 31, 1937** to **Sept 8, 1937**

I last saw him alive on **Sept 8, 1937** Death is said to have occurred on the date stated above, at **2:50 A.M.**

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

Chronic Venous Hypertension (congestive) Date of onset **Aug 1, 1935**

Other contributory causes of importance: **Chronic myocarditis** **June 1, 1935**
Chronic pulmonary nephritis **June 1, 1935**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 **20**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **A. E. Thresh** M. D.
 (Signed) **A. E. Thresh** (Address) **2540 W. Jefferson Ave**

Mr. A. Turch
2540 S. Jefferson

Mr. 8966 - 2 to 3

STATEMENT BY LICENSED EMBALMER

I, L. W. Hatz, Licensed Embalmer No. 3737
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, L. W. Hatz
L. E.
No. 3737 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed L. W. Hatz
Licensed Embalmer No. 3737

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.)