NOV 15 1937

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

36114
Do not use this space.

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1003

1. PLACE OF DEATH

(a) County ..... Registration District No. 2
(b) Township ..... Primary Registration District No. ..... Registered No. 9691
(c) City St. Louis, Mo. (d) Street No. 6284 Reber Place 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.

2. PRINT FULL NAME Victor H. Schoenen
(a) Residence, No. 6284 Reber Place St. 3
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	5	19	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific, Mo.

FATHER
13. NAME Hugo Schoenen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Minnie Schoenen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Mary Schoenen (sister-in-law)
(ADDRESS) 2605 Sutton Ave., Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus Cem DATE Oct. 20, 1937

19. FUNERAL DIRECTOR Coghan Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED OCT 18 1937 19.... J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

~~No attending physician~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, '37 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:14 m A. M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carbon Monoxide Poisoning, self administered, by means of extending garden hose from exhaust pipe thru window of his car, in garage, at 6282 Marmaduke Ave. Oct. 17, 1937, time unknown, while suffering temporary

Other contributory causes of importance: mental aberration

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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? Suicide Date of injury 10/17, 19 37
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury .....
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Alfred Gerry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, M. J. Coughlan, Licensed Embalmer No. 2622

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. J. Coughlan

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed M. J. Coughlan

Licensed Embalmer No. 2622

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