

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

38830
Do not use this space.

NOV 23 1937

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 790
(b) Township Clayton Primary Registration District No. 60339
(c) City Clayton (d) Street No. St. Louis County Hospital Registered No. 402
(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 Anna Schoenheider (Kuester)

(a) Residence, No. 600 Waller Avenue St. Lemay, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1860

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 77 0 2

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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 _____

Accidental fall off chair in her own home
Date of onset 9/27/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Missouri

Other contributory causes of importance: fractured hip 9/27/37

13. NAME George Sasa

Name of operation open reduction Date of 10/14/37
What test confirmed diagnosis? Physical Was there an autopsy? yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: accident Date of injury 9/27, 1937

15. MAIDEN NAME Unknown

Where did injury occur? Lemay, Mo.
(Specify city or town, county, and State)

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

Specify whether injury occurred in industry, at home, or in public place. at home

17. INFORMANT (ADDRESS) Magdalena Stark Lemay, Missouri

Manner of injury fell off chair
Nature of injury fractured hip

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cemetery DATE November 4, 1937

24. Was disease or injury in any way related to occupation of deceased? No

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister Und. & L. Co. 7814 S. Broadway, St. Louis, Mo.

If so, specify: John O. Connell, M.D.
(Signed) John O. Connell, M.D.
(Address) 10300 Luskland Rd. Coroner, St. Louis Co.

20. FILED 11/3 1937 Dr. A. J. Sigovelli Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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