

DEC 10 MAR 24 1938

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

8236
Do not use this space.

1. PLACE OF DEATH ²
 (a) County St. Louis Registration District No. 96
 (b) Township St. Ferdinand Primary Registration District No. _____ Registered No. 392
 (c) City _____ (d) Street No. Bellefontaine Road & Twillman Ave. 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 MARY C. SCHONLAU, 5-40
 (a) Residence, No. Bellefontaine Rd & Twillman Ave Route 14
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 26

OCCUPATION 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 _____

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

FATHER 13. NAME Bernard Rothove
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER 15. MAIDEN NAME Margaret Sheppers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Miss Christine F. Schonlau Bellefontaine Rd & Twillman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED 3-3 38 J.R. Meyer M.D. P.N. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1929, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis 10+ years
Coronary Artery Disease 10+ years
 Other contributory causes of importance: 121
Cardio-vascular renal disease
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical. Was there an autopsy? No

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 1

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Office of Motor Ins. M. D.
 (Signed) _____ (Address) 2743 North Grand Blvd

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.

APR 2 1948

STATEMENT BY LICENSED EMBALMER

I, Lennard Haysler, Licensed Embalmer No. 2967

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Lennard Haysler

Licensed Embalmer No. 2967

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.)