

938 REC'D JUN 7 1938

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

19577  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 784  
(b) Township Camden Primary Registration District No. 200 Registered No. 896  
(c) City St. Louis (d) Street No. Mo. St. Rose Sanatorium 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 FRANK SCHOEMEHL, SR. 540  
(a) Residence, No. 1034 Shenandoah Ave. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 4 30

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beer Bottler  
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 Fred. Schoemehl

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

MOTHER  
15. MAIDEN NAME Elizabeth Otto

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

17. INFORMANT (ADDRESS) Frank Schoemehl 1034 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE S. Speter & Paul DATE May 25 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos. Plutis 2906 Gravois Ave.

20. FILED MAY 2 1938 J. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 - 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 21, 1938. I last saw him alive on May 21, 1938. Death is said to have occurred on the date stated above, at 11:00 p. m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1938  
2 1/2

Other contributory causes of importance: Taxic Myocarditis May 1938

Name of operation None Date of None  
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? No Date of injury None  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None  
(Signed) John J. Boush Resident M. D.  
(Address) M.D. at Rose Sanatorium St. Louis Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, THOS. KUTIS

....., or by .....

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

Signed

*Thos Kutis*

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

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

**If this body is not embalmed, above space should be left blank.**