

LESL. NOV 15 1938

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

35100  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 21  
 (c) City St. Joseph (d) Street No. 6627 Grant St.  
 (e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 53 yrs. mos. ds.

2. PRINT FULL NAME August Schoenfeldt (SCHOENFELT)  
 (a) Residence, No. 6627 Grant St. 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret E. Schoenfeldt  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1876  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62      3      15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer - Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Swift & Co.  
 10. Date deceased last worked at this occupation (month and year) June 1938  
 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

FATHER 13. NAME Henry Schoenfeldt

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

MOTHER 15. MAIDEN NAME Dora Klienberg

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

17. INFORMANT (ADDRESS) Mrs. Margaret E. Schoenfeldt 6627 Grant St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE Oct. 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED Oct 3 1938 W. Neudobusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1938

22. I HEREBY CERTIFY, that attended deceased from June 19 1937 to Oct 1 1938  
 I last saw him alive on Sept 30 1938 Death is said to have occurred on the date stated above, at 8:20p m.

The principal cause of death and related causes of importance were as follows:  
Arterio-sclerosis, general  
Myo-carditis, chronic  
Diabetes Mellitus  
 Other contributory causes of importance: 54

Name of operation ..... 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? no Date of injury no, 19.....  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) W. Neudobusch, M. D.  
 (Address) 301 S. 5th Bldg  
St Joseph Mo

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



STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 3476

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.)