

4655 DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 OCT 14 1939  
 REGISTRATION DISTRICT NO. 791  
 PRIMARY REGISTRATION DISTRICT NO. \_\_\_\_\_  
 REGISTRAR'S NO. 8203  
 STATE FILE NO. 31140  
 MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH  
 1 PLACE OF DEATH: 1008  
 2 USUAL RESIDENCE OF DECEASED:  
 3 (a) PRINT FULL NAME: Altha Schoen 570  
 8 (b) If veteran, name war: \_\_\_\_\_ 8 (c) Social Security No. NONE  
 4 Sex: Female 5. Color or race: White 6 (a) Single, widowed, married, divorced: Married  
 6 (b) Name of husband or wife: Ernst H. Schoen 6 (c) Age of husband or wife if alive: 80 years  
 7 Birth date of deceased: Sept 4th, 1854 (Month) (Day) (Year)  
 8 AGE: Years 85 Months 0 Days 18 If less than one day hr. min.  
 9 Birthplace: Unknown (City, town, or county) (State or foreign country)  
 10 Usual occupation: At Home  
 11 Industry or business: \_\_\_\_\_  
 12 Name: Unknown 9  
 13 Birthplace: Unknown (City, town, or county) (State or foreign country)  
 14 Maiden name: Unknown  
 15 Birthplace: Unknown Ohio (City, town, or county) (State or foreign country)  
 16 (a) Informant's own signature: Ernst H. Schoen  
 (b) Address: 2351 South eleventh St.  
 17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 25, 1939 (Month) (Day) (Year)  
 (c) Place: burial or cremation: Memorial Park Cemetery  
 18 (a) Signature of funeral director: Ziegenhain Bros  
 (b) Address: 2623 Cherokee St.  
 19 (a) SEP 25 1939 (Date received local registrar) (b) J. F. Brudick (Registrar's signature)  
 22 If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify): \_\_\_\_\_  
 (b) Date of occurrence: \_\_\_\_\_  
 (c) Where did injury occur?: \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_  
 23 Signature: W. Friedenthal (M. D. or other) Address: 1515 Lafayette, C Date signed: 9/23/39  
 (Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 31140  
 Registrar's No. 8203

BUREAU OF THE CENSUS  
 OCT 14 1939

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1008  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (c) Name of hospital or institution: City Hospital, #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Mo. 17 Days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 23  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2351 S. Eleventh St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: Altha Schoen 570  
 8. (b) If veteran, name war: \_\_\_\_\_ 8. (c) Social Security No. NONE

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married  
 6. (b) Name of husband or wife: Ernst H. Schoen 6. (c) Age of husband or wife if alive: 80 years  
 7. Birth date of deceased: Sept 4th, 1854 (Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 18 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: \_\_\_\_\_

12. Name: Unknown 9

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Ernst H. Schoen

(b) Address: 2351 South eleventh St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 25, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Ziegenhain Bros

(b) Address: 2623 Cherokee St.

19. (a) SEP 25 1939 (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month September day 22, year 1939 hour 6:30 minutes P. M.  
 21. I hereby certify that I attended the deceased from July 5, 1939 to September 22, 1939, that I last saw her alive on September 22, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis, Generalized  
 Due to: Cor. Renal Vascular Disease

Due to: \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death): \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify): \_\_\_\_\_  
 (b) Date of occurrence: \_\_\_\_\_  
 (c) Where did injury occur?: \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: W. Friedenthal (M. D. or other) Address: 1515 Lafayette, C Date signed: 9/23/39

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

Signed.....

*W E Morris*

Licensed Embalmer No.....

*8360*

P. O. Address.....

*2623 Cherokee*

**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.)**

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