

MAY 15 1940 791

1003

3697

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2158 Salisbury St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community. Birth
years, months or days)

3. (a) PRINT FULL NAME Louise Schoneberg 516
3. (b) If veteran, name war None 3. (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 Julius Schoneberg 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased May 7, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 11 15 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name August Volm
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Graupner
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Julius Schoneberg
(b) Address 2158 Salisbury St.

17. (a) Burial (b) Date thereof 4/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cem.

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 24 1940 (b) J. D. [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 30
(If outside city or town limits, write "RURAL")
(d) Street No. 2158 Salisbury St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1940 hour 4:35 AM minute _____ M.
21. I hereby certify that I attended the deceased from 1/18/40
1940 to 4/22, 1940
that I last saw her alive on 4/21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to _____
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) (b) Means of injury _____
28. Signature Phredont Grema (M. D. or other) _____
Address 4500 Olive St. Date signed 4/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *William B. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo*

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.