S. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19648

FILED JUN 10 1940

Registration District No. 1834 Primary Registration District No. 200 Registrar's No. 967

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town New Halls Ferry & Shackelford Rds
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town Creve Coeur Route 2
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John B Schoenhoff 510

3. (b) If veteran, name war ////////// ////// 3. (c) Social Security No. ////////

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Schoenhoff 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 6 1873 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Creve Coeur (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer 10

11. Industry or business Farm

FATHER
12. Name Henry Schoenhoff
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Rohr
15. Birthplace Buffalo (City, town, or county) New York ~~Newmany~~ (State or foreign country)

16. (a) Informant Helen Schoenhoff
(b) Address Creve Coeur Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Burial Park

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) MAY 18 1940 (Date received by registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1940 hour minute ~~1:30P~~ M.

21. I hereby certify that I attended the deceased from 12 45 P, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	5/16/40
Due to	
Due to 94	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? yes (e) Means of injury

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23. Signature John [signature] (M. D. or other)
Address Coroner of St. Louis Co. Date signed 5/17/40

(Licensed Embalmer's Statement on Reverse Side)

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.....Al C. Ostmann

Licensed Embalmer No. 3478

P. O. Address.....

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.