DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23677

Registration District No. 799 — Primary Registration District No. 1003 — Registrar's No. 6122

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: City Hospital (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2253 Gravois Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME BERNARD SCHONHOFF 510

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 22 (Day) 1882 (Year)

8. AGE: Years 57 Months 19 Days 27 If less than one day hr. min.

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

10. Usual occupation Feed Merchant

11. Industry or business own business

FATHER

12. Name John Schonhoff

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

MOTHER

14. Maiden name Adelhide Brinkmann

15. Birthplace St. Louis. (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant's own signature Mary Appelbaum

(b) Address 2253 Gravois Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul. 23 1940 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Gibbons L & U Co.

(b) Address 2630 Gravois Ave.

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

JUL 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1940 hour 11 minutes 30 P. M.

21. I hereby certify that I attended the deceased from , 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 Hemorrhage of ruptured spleen + left kidney fracture of 1.2.7.8.9.10. left ribs + left leg — Duration

Due to collision Chev. car driving by Walter Bryant col. — Duration

Due to Dodge sedan driven by Alex Hermes. about 11:03 PM — Duration

Other conditions Bx Super Highway west (Include pregnancy within 3 months of death)

Major findings: Of operations of Jefferson Bridge

Of autopsy Walter Bryant being held

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) Crimes Carelessness

(b) Date of occurrence July 19 194

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature Alfred Hermes (M. D. or other)

Address Deputy Coroner Date signed 7/22/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. 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 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 Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. 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.