

APR JUN 6 1941

U. S. No. 2
M-11-10-39
rv. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18989

Registration District No. 784

Primary Registration District No. 2nd

Registrar's No. 1150

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town St. Louis, Mo. (City)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W. St. Rose Sanatorium
(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 Missouri (b) County 000
(c) City or town St. Louis, Missouri 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4636 Pennsylvania Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME WILLIAM SCHOEN

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 SOPHIA 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Apr. 18 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation Butler - P-Bus

11. Industry or business _____

12. Name Christ Schoen

13. Birthplace unk 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Gadenheim

15. Birthplace unk Gunkown
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Schoen

(b) Address 4636 Nebraska

17. (a) Burial (b) Date of death June 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcellus

18. (a) Signature of funeral director J. Schumacher

(b) Address 3013 Winnebec St.

19. (a) MAY 31 1941 (b) W. A. Meyer M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1941 hour 19 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-7
_____, 1941, to 5-30, 1941;
that I last saw him alive on 5-30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death 70% advanced Pulmonary Tuberculosis

Due to _____
Due to 13%

Other conditions The Sargyctic
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 L. E. Gervon (M. D. or other) _____
Address W. St. Rose Sanatorium Date signed 5-30-41

Duration

5 mo.

5 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

4-11-43

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.....

Gayle Helmbault, Registered Apprentice No.....
working under my personal supervision.

Signed *Gayle Helmbault*

Licensed Embalmer No. *2986*

P. O. Address *3013 87 Jerome*

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.