No. 2
-13-40
17-39
X231

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26603

Registrar's District No. 791

FILED SEP 17 1941

Primary Registration District No. 1003

Registrar's No. 6395

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 4044 Pal M
(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 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4044 Palm Str
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

000 17 9 10

3. (a) PRINT FULL NAME Mr. Edward Schoen

3. (b) If veteran, name war

3. (c) Social Security No. 493-05-3818

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife late Louise Schoen

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

7. Birth date of deceased February 20 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	5	11	hr. min.

9. Birthplace Chester Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business

FATHER
12. Name Philip Schoen
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Hoch
15. Birthplace St. Louis County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Wackman-sister

(b) Address 7213 Normandy Pl St. L. County

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4th '41 (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem. Bellefontain Mo.

18. (a) Signature of funeral director Henry Leidner Und. Co

(b) Address 2223 St. Louis Mo.

19. (a) AUG -5 1941 (Date received local registrar) (b) J. H. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1941 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 1, 1940 to July 31, 1941; that I last saw him alive on July 31, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary edema	2 da
Due to Endarteritis	2 yrs
Due to Dues	10 yrs
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? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address 407 Chestnut Bldg Date signed 7-31-41

(Licensed Embalmer's Statement on Reverse Side)

6395

6395

JAN 27 1960

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 3233 St Louis Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.