No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37807

Primary Registration District No. 1001

Registrar's No. 1080

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 902 Powell , Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 65 years 3 months 21 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 902 Powell St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Calvin Schoen

3. (b) If veteran, name war

3. (c) Social Security No. 707-05-7915

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma L. Schoen

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July (Month) 19 (Day) 1876 (Year)

8. AGE: Years 65 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business Burlington Railway

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

MOTHER
14. Maiden name Mary Magdeline Pinger
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Emma L. Schoen
(b) Address 902 Powell St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/41. (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery St. Joseph, Mo.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) Nov 12-1941 (Date received local registrar) (b) H. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th year 1941 hour 5 minute 15 P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Nov. 10th 1941, to , 19 ; that I last saw h[illegible] , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

94a

Major findings: Man died suddenly without premonitory warning or illness. He had worked

Of operations

Of autopsy no [as usual during the day and was doing some chors around the house when he slumped to the basement steps dead

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 H. F. Mundy (M.D. ~~or other~~ Coroner)
Address 404 So 3d St. Joseph Date signed 4/10/42

85

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1990
JAN 6 1962

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 Walter Meierhoffer Jr., Registered Apprentice No. 302 working under my personal supervision.

Signed Roy J. Lester

Licensed Embalmer No. Missouri #4154

P. O. Address St. Joseph, Missouri.

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

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