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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1942
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

9196
State File No. 2183
Registrar's No.

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

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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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2758 Chariton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Oscar G. Schoenecker
3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-07-0181

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7th
year 1942 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from March 6
1942 to March 7, 1942
that I last saw him in alive on March 7, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Oehler Schoenecker
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased November 25, 1884
(Month) (Day) (Year)

Immediate cause of death _____
Myocardial Insufficiency due to
hypertension & by pericarditis
Duration _____
Due to _____
Adenocarcinoma - left adrenal gland
with pulmonary edema terminal
Chronic passive congestion of liver.
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
57 3 12 hr. min.

Major findings:
Of operations _____
Of autopsy Myocarditis & by pericarditis
adeno carcinoma left adrenal
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Cutter

11. Industry or business Shoe Manufacturer

12. Name Wenzel Schoenecker

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

14. Maiden name Montag

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

16. (a) Informant Karl Schoenecker
(b) Address 2758 Chariton

17. (a) Burial (b) Date thereof 3/11/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Trinity Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) MAR 10 1942 (b) J. B. Brueck
(Date received local registrar) (Registrar's signature)

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 W. H. Mosher (M. D. or other) M. D.
Address 3805 So Broadway Date signed 3/9/42

Dr. Victor E. Klapper
3801 S. Broadway
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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.....



Licensed Embalmer No. 3737

P. O. Address.....

1936 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, fact should be so stated above.