

17668

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 19 1942

Registration District No. 123 129Primary Registration District No. 5180Registrar's No. 15

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Rural Shosonee Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(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)3. (a) PRINT FULL NAME Maria Schoen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ernest F. Schoen 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 2 1855
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>87</u>	<u>4</u>	<u>24</u>
				br. _____ min.

9. Birthplace 4 Austria
 (City, town, or county) (State or foreign country)10. Usual occupation House Wife11. Industry or business 1

12. Name Lorenz Pilz
 13. Birthplace 4 Austria
 (City, town, or county) (State or foreign country)
 14. Maiden name Theresia Satz Seib
 15. Birthplace 4 Austria
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emmanuel J. Schoen(b) Address R.F.D. No. 1 Jackson, Mo.

17. (a) Burial (b) Date thereof May 30 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Church, Pocahton18. (a) Signature of funeral director Reiser Viehler, Party(b) Address Pocahton Mo

19. (a) 5-28-42 (b) E. J. Schoen
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cape Gir.
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Shosonee Township
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. about 80 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
 year 1942 hour 2 minute 45 A. M.21. I hereby certify that I attended the deceased from March 11, 1942, to May 26, 1942,
 that I last saw her alive on May 26, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Angina Pectoris

Duration

5 hrsDue to Chronic Nephritis3 yrs

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings:
Of operations 7318

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. R. Schoen (M. D. or other) M.D.
 Address JACKSON MO Date signed May 26

RECEIVED

District Health Officer No. 4
District File Number 642-748
Date Filed 6-11-72

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.