

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 21 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8479**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4644 Bessie Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 71 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, Missouri 12
(If outside city or town limits, write "RURAL") 97
(d) Street No. 4644 Bessie Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1942 hour 12 minute 35 a. M.
21. I hereby certify that I attended the deceased from
Oct. 25 1941, to Oct. 11 1942
that I last saw h. e. alive on Oct. 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary thrombosis Duration One hour
Due to Cardio-renal insufficiency Several
Due to 0 years.
Other conditions.....
(Include pregnancy within 3 months of death) 1/31

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mary Schoenlaub.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased. Sept. 6, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 5 hr. min.

9. Birthplace. Alton, Illinois. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business.....

12. Name Michael Clifford.

13. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mazie S. Heston

(b) Address 4644 Bessie Ave.

17. (a) Burial (b) Date thereof Oct. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Donald J. ...
(b) Address 1431 Union Blvd.

19. (a) OCT 13 1942 (b) J. F. Bredack
(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?

(Specify type of place) While at work? (c) Means of injury.....

23. Signature John J. ... M. D. (M. D. or other)
Address 4703 Carter Ave. St. Louis Date signed 10-12-42

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

MOTHER FATHER

DR. RONALD
MIRREUS & CHARACTER

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..... 2915
P. O. Address.....

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.