

REG. SEP 17 1943
Registration District No. 23

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis

(c) Name of hospital or institution:
1924 DeSoto Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) (1)

In this community.....

3. (a) PRINT FULL NAME Joseph Schonhorst.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Schonhorst nee Uehmann

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased January 22, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	7	15	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business.....

MOTHER FATHER {

12. Name Adolph Schonhorst

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

14. Maiden name Mary Schapp

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

16. (a) Informant Mary Schonhorst

(b) Address 1924 DeSoto Av.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 9-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 9 1943 (Date received local registrar)

(b) J. Thodes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9

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

(d) Street No. 1924 DeSoto 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 Sept day 6 year 43 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from Aug 1 1942 to Sept 6 1943

that I last saw h. ea alive on sept 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coron. Myo. gran. arteriosclerosis

Due to embolus coronaris

Due to.....

Other conditions (Includes pregnancy within 3 months of death) 93

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?.....

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

23. Signature Wm. R. ... (M. D. or other)

Address 1968 ... Date signed.....

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..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address..... *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.