V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31264

FILED OCT 13 1943

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1052

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: 614 Fellemore Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days). In this community: Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 614 Fellemore (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ROSA-S- SCHOENLAUB.
3. (b) If veteran, name war: No
3. (c) Social Security No. No
4. Sex: Fem
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct (Month) 7 (Day) 1867 (Year)
8. AGE: Years 75 Months 11 Days 14 — If less than one day ..... hr. ..... min.
9. Birthplace: No. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: at home
11. Industry or business
12. FATHER Name: Phillip Schoenlaub
13. FATHER Birthplace: Germany (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Christine Kiefer
15. MOTHER Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Geo L Hasley
(b) Address: St Joseph Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof: Sept 24 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cem.
18. (a) Signature of funeral director: Roy Stamey
(b) Address: St Joseph Mo
19. (a) 9-24-43 (Date received local registrar) (b) Rose Heyes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1943 hour 7:45 minute P M.
21. I hereby certify that I attended the deceased from Sept 8, 1943, to Sept. 18, 1943, that I last saw her alive on Sept 18, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Sept 8/43
Due to: Arteria Sel. Gen	
Due to:	
Other conditions: Arthritis-Spine	

(Include pregnancy within 3 months of death)

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): No
(b) Date of occurrence: Sept 8/43
(c) Where did injury occur? St Joseph Buchanan Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury: Fall from chair
23. Signature: Frank H Vandegon (M. D. or other)
Address: 620 Francis St Joseph, Mo Date signed 9/24/43

(Licensed Embalmer's Statement on Reverse Side)

1233

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.....John Roy Stowe

Licensed Embalmer No.....2435

P. O. Address.....St Joseph 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.