

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 9 1943 18

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 12100

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: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME PAULINE E. SCHOENHOFF

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

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

6. (b) Name of husband or wife L. W. Schoenhoff 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased June 1, 1903.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 5 25 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Theodore Fuehne

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

14. Maiden name Margaret Santel

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

16. (a) Informant L. W. Schoenhoff

(b) Address 3425 Meramec Street

17. (a) Burial (b) Date thereof 11.29.43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Damiansville, Ills.

18. (a) Signature of funeral director Selken - Benj. Watson

(b) Address NOV 28 1943 Meramec St.

19. (a) J. F. Brudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3425 Meramec Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1943 hour 5 minutes 50 P.M.

21. I hereby certify that I attended the deceased from 1940
to Nov 26, 1943
that I last saw her alive on Nov 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 5 days

Due to Virus infection upper respiratory tract 7 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

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) (2) Means of injury _____

23. Signature Oliver Albert (M. D. or other) _____
Address 4952 Maryland Date signed 11-27-43

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

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.....

Joe S. Benz
Licensed Embalmer No.....

4249

2842 Meramec St.

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.