

FILED FEB 28 1944 318

Registration District No.

Primary Registration District No.

100

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo. (Specify whether
In this community 2 Mo. years, months or days)

3. (a) PRINT FULL NAME Emma Mary Schoen

3. (b) If veteran, name war _____ 3. (c) Social Security No. 330-18-963

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

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

7. Birth date of deceased July 13th 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Cook

MOTHER FATHER { 11. Industry or business _____

12. Name John Dewerff
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Gerhards
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Walter G. Schoen
(b) Address 2117 Washington Ave.

17. (a) _____ (b) Date thereof 2-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Granite City

18. (a) Signature of funeral director Chas C. Mercer
(b) Address 1416 Niedringhaus Granite City, Ill.

19. (a) FEB 15 1944 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Ill
(c) City or town Granite City Illinois
(If outside city or town limits, write "RURAL")
(d) Street No. 2836 Ralph (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14th
year 1944 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 12/25/43
_____, 19____, to 2/14/44, 19____;
that I last saw her alive on 2/13/44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to General Peritonitis

Due to Shingles

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

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No accident

(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) _____ (e) Means of injury _____

23. Signature Grace J. [unclear] (a) D. or other _____
Address 4930 Lindell St. L. Date signed 2/14/44

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 Charles E. Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City, Illinois

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.