No. 2
-2-43
-17-39
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

20240

State File No.

FILED JUN 23 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5348

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington 999

(c) City or town Nashville 11
(If outside city or town limits, write "RURAL")

(d) Street No. NR 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME John Schoreheide

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lydia Schoreheide

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May (Month) 27 (Day) 1892 (Year)

8. AGE: Years 52 | Months 0 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Schoreheide
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Minnie Ahrens
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Melvin Schoreheide
(b) Address Nashville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Nashville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 13 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day JUNE
year 1944 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from JUNE 4, 1944, to JUNE 9, 1944;
that I last saw him alive on JUNE 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Agitans

Due to Terminal Edema of Lungs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations AS ABOVE

Of autopsy AS ABOVE

Duration

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

23. Signature [signature] (M. D. or other)
Address 4952 Maryland Ave. Date signed 6/9/44

(Licensed Embalmer's Statement on Reverse Side)

5348

5348

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 Czyrinski

Licensed Embalmer No. 3398

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.