

FILED FEB 16 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1002

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
2904 Accomac St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2904 Accomac St. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katherine Schonebeck

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 Widow  
6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Oct. 25 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 3 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Eugene F. Paust

(b) Address 2904 Accomac Street

17. (a) Burial (b) Date thereof Feb. 2, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Sunset Burial Park

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Mackler-Helderle

(b) Address 3634 Gravois Ave.

19. (a) FEB 1 1845 J. F. Bradock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30  
year 1945 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 10 1941 to Jan 30 1945  
that I last saw h. er alive on Jan 30 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration 6 mos

Due to Endocarditis 4 yrs  
Hypertension 4 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9/2

Major findings: Of operations none

Of autopsy none

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 0

23. Signature P. M. Gueb (M. D. or other) MD  
Address 3402 California Date signed 1/31/45

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

MOTHER FATHER

**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.....

*Frank J. O'Connell*

Licensed Embalmer No.....

*2675*

P. O. Address.....

*St. Louis*

**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.**