

FILED MAR 16 1945
318

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish 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 _____
years, months or days)

3. (a) PRINT FULL NAME Vera Schoyen

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 Warner Schoyen 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased April 4, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 10 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Olaf M. Olson
13. Birthplace Amery Wis.
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Barnhart
15. Birthplace Eau Claire Wis.
(City, town, or county) (State or foreign country)

16. (a) Informant Warner Schoyen
(b) Address 5330 Delmar

17. (a) Burial (b) Date thereof 3/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 5 1945 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5330 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3
year 1945 hour 11.20 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 3, 1942 to March 3, 1945
that I last saw her alive on March 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis Duration 1 year.
Due to Carcinoma of breast 2 1/2 yrs.
Due to 50
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of breast metastatic to spleen.
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) (e) Means of injury _____
23. Signature M. Norman Oyel (M. D. or other) M. D.
Address 624 No. Grand Date signed 3/5/45

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.....

Licensed Embalmer No.....

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.