S. No. 2
4—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Number 2630
State File No.

FILED FEB 2 1946

Registration District No. 117 Primary Registration District No. 3020 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 504 W. Second
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 504 W. Second St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME LOUIS JOHN SCHONBERGER
3. (b) If veteran, name war none
3. (c) Social Security No. 490-28-6165

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Theresia Schonberger
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased August 22 1885 (Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 16 If less than one day — hr. — min.

9. Birthplace Kula (City, town, or county) Hungary (State or foreign country)
10. Usual occupation Baker
11. Industry or business (Food)
12. Name John Schonberger
13. Birthplace Kula (City, town, or county) Hungary (State or foreign country)
14. Maiden name Elizabeth Gass
15. Birthplace Kula (City, town, or county) Hungary (State or foreign country)
16. (a) Informant Mrs. T. Schonberger
(b) Address Washington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Mo
18. (a) Signature of funeral director Otto Pelz
(b) Address Washington Mo
19. (a) 1/11/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1946 hour 5:45 minute M.
21. I hereby certify that I attended the deceased from Jan 2, 1946 to Jan 8, 1946 that I last saw him alive on Jan 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
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) (e) Means of injury
23. Signature [illegible] (M. D. or other) [illegible]
Address 507 Jefferson Washington Mo Date signed 1/10/46

(Licensed Embalmer's Statement on Reverse Side)

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

599

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-1-46

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 W H Cetto

Licensed Embalmer No. 3464

P. O. Address Washington 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.