S. No. 2
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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

FILED APR 29 1946

State File No. 14304

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 907

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

(b) City or town Richmond Hts (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARY HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2117 S 13th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LAURA F. SCHOENINGER

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. (b) Name of husband or wife

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

7. Birth date of deceased July 30 (Month) 1868 (Day) (Year)

8. AGE: Years 77 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name CHRISTMAN HILBERT
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKOWN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant HILBERT SCHOENINGER

(b) Address 5067 QUEENS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/23/46 (Month) (Day) (Year)

(c) Place: burial or cremation LAKEWOOD CEM

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 GRAVOIS

19. (a) 4-24-46 (Date received local registrar) (b) E G McGarrow MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th year 1946 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 4, 1946, to April 20, 1946, that I last saw her alive on April 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Coronary Artery — Duration 1 month

Due to Arteriosclerosis Generalized — Uncertain

Due to

Other conditions Embolism of Pulmonary Artery, Pleural Effusion, Ulcerative Colitis (Include pregnancy within 3 months of death) — Uncertain

Major findings:
Of operations

Of autopsy Confirmed diagnoses given above.

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 G O Brown (M. D. or other) MD

Address 1325 S. Grand Date signed 4/21/46

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan.

Licensed Embalmer No. 4242

P. O. Address 2906 Geneva

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.