

FILED FEB 9 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County ST. LOUISIS MO

(b) City or town ST. LOUISIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BOOTH MEMORIAL 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 BABY SCHOEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JAN 20 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name KENNETH SCHOEN

13. Birthplace ST. LOUISIS MO
(City, town, or county) (State or foreign country)

14. Maiden name EDVELYN HARRISON

15. Birthplace ST. LOUISIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant KENNETH SCHOEN

(b) Address 2863 S. 18th

17. (a) BURIAL (b) Date thereof JAN 23 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director Thomas Kutiak

(b) Address 2906 GRAYCIS

19. (a) JAN 22 1948 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

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

(d) Street No. 2863 S. 18th
24 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 22
year 1948 hour 4P minute 00 M.

21. I hereby certify that I attended the deceased from 1-20 4P to 1-26-48
that I last saw him alive on 1-21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Extensive Atelectasis

Due to Premature death
possible intra Cranial
hemorrhage

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 151

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) (b) Means of injury _____

23. Signature J. M. Barker (M. D. or other) _____
Address 1524 S. Jefferson Date signed 1/24/48

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..... *Samuel C. Dell*

Licensed Embalmer No. *4347*

P. O. Address *2906 Elvins*

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.