

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **218**

Primary Registration District No. **1003**

Registrar's No. **1234**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Deaconess Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Month**
(Specify whether)
 In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **000**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5248 Nottingham Ave.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **GUSTAV SCHOENBERG SR.**
3. (b) If veteran, name war **None** **3. (c) Social Security No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **4**
 year **1948** hour **9:30** minute **00** P. **M.**

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Lydia** **6. (c) Age of husband or wife if alive** **56** years
7. Birth date of deceased **Sep't. 7 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 5, '48**
 to **Feb 4, 1948**
 that I last saw ~~him~~ **alive on Feb 4, 1948**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	73	4	27hr.min.

Immediate cause of death.....
Rubeola erythematosa disseminata
 Due to.....
 Due to.....

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

10. Usual occupation **President**

11. Industry or business **Schoenberg Screen Co.**

12. Name **Frederick Schoenberg**

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

14. Maiden name **Minna Witrock**

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

16. (a) Informant **Lydia Schoenberg**

(b) Address **5248 Nottingham Ave.**

17. (a) Burial **(b) Date thereof** **2-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**

19. (a) FEB 5 1948 **(b) J. F. Brueck**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause of 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 **Ben N. Klein** (M. D. or other) **MD**
Address **2632 S. Kingshighway** Date signed **2-9-48**

over 1/2 year
2632 St. King Highway 1-4

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 Richard W. Stovassand

Licensed Embalmer No. 4007

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.