

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35558**
Registrar's No. **8938**

BIRTH NO. **68800-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY D			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 14 - 6265 WALSH			
3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) - KNOX c. (Last) - SCHOENBECK			4. DATE OF DEATH (Month) (Day) (Year) 10 - 17 - 49		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (1)	8. DATE OF BIRTH 10-11-49	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) ST. LOUIS - MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME ALBERT-EDWARD-SCHOENBECK		13b. MOTHER'S MAIDEN NAME EDNA-EITNER-CURTIS		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Schoenbeck ADDRESS 6265 WALSH ST. LOUIS-MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Placenta Praevia in mother DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 6 days
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE No (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 157	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7615	
22. I hereby certify that I attended the deceased from 10-7-1949 , to 10-17- , 19 49 , that I last saw the deceased alive on 10-17 , 19 49 , and that death occurred at 1:35 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Stanley L. Harrison			23b. ADDRESS 453 N. Taylor Ave		23c. DATE SIGNED 10-18-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-18-49	24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
DATE REC'D BY LOCAL REG. OCT 18 1949		REGISTRAR'S SIGNATURE J B Pascher		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary ADDRESS 6633 Clayton Rd.	

WRITE PLAINLY—USING 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 _____

No Embalming

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ernest W. Spillars

Licensed Embalmer No. _____

4080

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.