

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35313
8738

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem 8/20	
c. LENGTH OF STAY (In this place) 15 minutes		d. STREET ADDRESS (If rural, give location) 1307 W. College	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's			

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Edward c. (Last) Schoonover			4. DATE OF DEATH (Month) (Day) (Year) Oct 15-1950		
5. SEX female		6. COLOR OR RACE white		8. DATE OF BIRTH Oct 7-1950	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		9. AGE (In years last birthday) 7		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Salem, Ill.		12. CITIZEN OF WHAT COUNTRY? Amer	

13a. FATHER'S NAME Herbert E. Schoonover		13b. MOTHER'S MAIDEN NAME Thelma Shanofelt		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME H.E. Schoonover, ADDRESS Salem, Ill.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease Congenital Heart Disease Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary embolism Pulmonary Congestion DUE TO (c)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Birth 4-5 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

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 75 ft H	
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22. I hereby certify that I attended the deceased from 10-15, 1950, to 10-15, 1950, that I last saw the deceased alive on 10-15, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. L. E. ... (Degree or title)		23b. ADDRESS 500 S. Kings Highway		23c. DATE SIGNED 11-15-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-15-50		24c. NAME OF CEMETERY OR CREMATORY East Lawn	
				24d. LOCATION (City, town, or county) (State) Salem, Mo.	

DATE RECD BY LOCAL OCT 16 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McMacken Funeral Home, Salem, Ill.	
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(Licensed Embalmer's Statement on Reverse Side)

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

8788

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... no embalm.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.