

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

10598

State File No. \_\_\_\_\_

318

1003

2359

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u>		c. LENGTH OF STAY (in this place) <u>14 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u>		2199	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Frisco Employees Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>17 3405 Shenandoah Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rudolph</u>		b. (Middle) <u>L</u>		c. (Last) <u>Schoeneberg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 25, 1888</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR (Months) <u>3</u>		IF UNDER 1 YEAR (Days) <u>17</u>		IF UNDER 24 HRS. (Hours) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Auditor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rudolph Schoeneberg</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Huntze</u>		14. NAME OF HUSBAND OR WIFE <u>Anna D. Olde Schoeneberg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Olde, brother-in-law 4950 MURDOCK</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of descending Colon with obstruction of bowel</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Left sided hemiplegia with Vt. Sidel paralysis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Left sided hemiplegia with Vt. Sidel paralysis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>  <u>years</u>  <u>17 wks</u>	
19a. DATE OF OPERATION <u>3-4-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of descending Colon Obstruction of bowel</u>				20. AUTOPSY? YES <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? <u>153X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>2-28-</u> 19 <u>51</u> , to <u>3-12-</u> 19 <u>51</u> , that I last saw the deceased alive on <u>3-12-</u> 19 <u>51</u> , and that death occurred at <u>7:35 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Memphis Miller, M.D.</u>				23b. ADDRESS <u>4960 Ledde Ave</u>		23c. DATE SIGNED <u>3-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>3-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>10180 Gravois Road, Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAR 13 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Carater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Zingheim 6409 Gravois Ave</u>			

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

7116

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Paul M. Simon

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo

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.