

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25249

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. 1003 Registrar's No. 6017

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis Mo</u>		c. LENGTH OF STAY (in this place) township) <u>7-11-50 to 7-4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2159</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>19</u> <u>5416 Minnesota Ave.,</u> <u>8</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) c. (Last) <u>Schoening</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>4</u> <u>51</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 24, 1890</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 MRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 4 Years</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Christ Schoening</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Woltjen</u>	14. NAME OF HUSBAND OR WIFE
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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. <u>551-07-1070</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucille Connolly, 4320 Oregon Ave.,</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>From vasculatory insufficiency</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>lt lower extremity resulting amputation</u>		1917	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>231X</u>
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22. I hereby certify that I attended the deceased from 1950 to 1974, 1951 that I last saw the deceased alive on 7/4, 1951, and that death occurred at 4:PM m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>Borgi Esker, M.D.</u>	23b. ADDRESS (Type or Print) <u>City Infirmary - 5908 Arsenal</u>	23c. DATE SIGNED <u>7/4/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>JUL 6 1951</u>	REGISTRAR'S SIGNATURE <u>J B Lanter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St.,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 13 1951

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 _____

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18 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.