

APR 25 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14767
Registrar's No. 3119

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
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 St. Louis b. COUNTY 2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2148 Salisbury St.		d. STREET ADDRESS (If rural, give location) 20 2158 Salisbury St.	
3. NAME OF DECEASED (Type or Print) a. (First) Julius b. (Middle) Schoneberg c. (Last) Schoneberg		4. DATE OF DEATH (Month) (Day) (Year) April 1, 1952.	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 3, 1883
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	11. BIRTHPLACE (State or foreign country) St. Paul, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Joseph Schoneberg	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Louisa Greifzu	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Violet Kurtz 9827 Lorna Lane	
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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) H 2201	
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?		22. I hereby certify that I attended the deceased from 8/10, 1947, to April 1, 1952, that I last saw the deceased alive on 3/30, 1952, and that death occurred at 7:00 P.M., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Thomas Green M.D.		23b. ADDRESS 4500 Olive St.	
23c. DATE SIGNED 4/1/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 7	
24b. DATE 4-4-52.		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave.	
DATE REC'D BY LOCAL REG. APR 2 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D. 1952	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Homer W. Fritz

Signed.....

Student Embalmer

Licensed Embalmer No.....

38820

P. O. Address.....

St. Louis

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.