

5. No. 300
v. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34682**

XC 199 47 30

Reg. 109,400

FILED OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2298

4000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. CITY OR TOWN MITCHELL	d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		e. STREET ADDRESS (If rural, give location) BOX 95	
3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) _____ c. (Last) SCHOENFELD			4. DATE OF DEATH (Month) (Day) (Year) 8/23/53
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/9/89
9. AGE (In years last birthday) 64 yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME CHARLES SCHOENFELD		13b. MOTHER'S MAIDEN NAME PAULINE MEYER	14. NAME OF HUSBAND OR WIFE DORIS SCHOENFELD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) WORLD I	16. SOCIAL SECURITY NO. 498-12-4745	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS
17. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEUKEMIA	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) V.A. m.	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 <u>3/22</u>, 19<u>53</u>, to <u>8/23</u>, 19<u>53</u>, from the causes and on the date stated above. 7:00a m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Richard R. Coble</i> (Degree or title) Richard R. Coble M.D.		23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED 8/23/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-26-53	24c. NAME OF CEMETERY OR CREMATORY NATIONAL	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.
DATE REC'D BY LOCAL REG. 8-25-53	REGISTRAR'S SIGNATURE <i>Herbert R. Donke M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John T. Sedlack</i> ADDRESS Madison, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

52W

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.....
Signature of Student Embalmer

Signed *John T. Sedlach*

Licensed Embalmer No. *3747*

P. O. Address *Madison,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.