

## STANDARD CERTIFICATE OF DEATH

State File No. **7392**

XC-16 783 165

Reg # 113,868

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **388**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LIVINGSTON</b>	
c. LENGTH OF STAY (in this place) <b>138 days</b>		d. STREET ADDRESS (If rural, give location) <b>Box 156</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>INSTITUTION VETERANS ADMINISTRATION HOSP.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b>		b. (Middle) <b>E.</b>	
c. (Last) <b>SCHOEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-11-54</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-30-1893</b>
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>MT, OLIVE, ILL.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>JOHN SCHOEN</b>		13b. MOTHER'S MAIDEN NAME <b>LENA WEBER</b>	
14. NAME OF HUSBAND OR WIFE <b>EDNA SCHOEN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>UNK</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</b>		ADDRESS	
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.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		<b>6 months</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Arteriosclerotic coronary thrombosis</b>		<b>6 months</b>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Right cerebral thrombosis</b>		<b>6 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that <sup>VA</sup> attended the deceased from <b>9-26-53</b> , 19___, to <b>2-11-54</b> , 19___, <del>that death occurred on the date stated above.</del> and that death occurred at <b>12:35p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. A. ALLEN</b>		(Degree or title) <b>M. D. O</b>	
23b. ADDRESS <b>VA HOSP., JEFF. BRKS., MO.</b>		23c. DATE SIGNED <b>2-11-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-12-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Nokomis, Illinois,</b>	
DATE REC'D BY LOCAL REG. <b>2-12-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington.</b>	

S2W (Licensed Embalmer's Statement on Reverse Side)

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.....

*Fred J. Ganner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4788

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.