

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24825

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

Registrar's No. 1744

FILED AUG 10 1955

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		State File No. _____		Registrar's No. 1744	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glendale, Mo.</b>			c. LENGTH OF STAY (In this place township) <b>14 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glendale</b>			d. STREET ADDRESS (If rural, give location) <b>1360 Greentree Lane</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1360 Greentree Lane</b>					d. STREET ADDRESS (If rural, give location) <b>1360 Greentree Lane</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b>			b. (Middle)		c. (Last) <b>SCHOENBECK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 27, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 15, 1861</b>		9. AGE (In years last birthday) <b>93</b> if UNDER 1 YEAR Months <b>11</b> Days <b>12</b> if UNDER 48 HRS. Hours <b>12</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired - AT HOME</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Highland, Ill.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>P hilip Hammer</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Busser</b>		14. NAME OF HUSBAND OR WIFE <b>John W. Schoenbeck, Dec'd.</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John H. Thomson, 1360 Greentree Lane</b> ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mycocardial infarction</b>									
INTERVAL BETWEEN ONSET AND DEATH <b>?</b>									
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.									
ANTECEDENT CAUSES									
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
DUE TO (b)									
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? <b>4222</b> 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) (Min.)			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 <b>July 21, 1955</b> , to <b>July 28, 1955</b> , that I last saw the deceased alive on <b>July 28, 1955</b> , and that death occurred at <b>9 P.M.</b> from the causes and on the date stated above.									
23a. SIGNATURE <b>Carl C. Frick MD</b> (Degree or title)					23b. ADDRESS <b>2278 Rockwood, Brown</b>			23c. DATE SIGNED <b>7-29-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>7/30/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7/29/55</b>		REGISTRAR'S SIGNATURE <b>Herb R. Donley, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Popp, Inc. Kirkwood</b> ADDRESS				

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Felix Howard*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood 227*

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.