

FEDERAL BUREAU OF INVESTIGATION  
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-021495

FILED VS MAY 25 1960

318

Primary Registration District No. 1003

Registrar's No. 5235

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri.</u>		Length of stay in 1b <u>7 years</u>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5408 So. Broadway Blvd.,</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5408 South Broadway Blvd</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Lottie</u> Middle <u>Schoen</u> Last			4. DATE OF DEATH Month <u>May</u> Day <u>18</u> Year <u>1960</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7/18/1874</u>		9. AGE (last birthday) <u>85</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>New York, New York.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Adolph Hirsch</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Diebold</u>			14. NAME OF HUSBAND OR WIFE <u>August J. Schoen, dec'd</u>				
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>Nil</u>		17. INFORMANT <u>Adolph Schoen, 3824 McDonald Street.</u>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs 5 mo</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>arteriosclerosis</u>								?		
DUE TO (c) <u>Senility</u> <u>42004</u>								?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Carcinoma of Uterus 6 mo.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St Louis</u>		20f. CITY, TOWN, OR LOCATION <u>St Louis</u>		COUNTY <u>Mo</u>		STATE		
21. I attended the deceased from <u>May 27 1953</u> to <u>May 18 1960</u> and last saw her/him alive on <u>May 17 1960</u> . Death occurred at <u>1145 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>Max Stabell MD</u> (Degree or title)					22b. ADDRESS <u>5120 Oak St</u>			22c. DATE SIGNED <u>5/14/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5/18/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Girard Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Girard, Illinois.</u>			
24. FUNERAL DIRECTOR <u>Albert H. Hoppe, Inc., 4700 Washington Blvd.,</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>MAY 18 1960</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>				

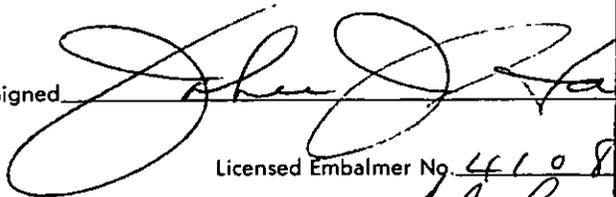
BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed   
Licensed Embalmer No. 4108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
• If this body is not embalmed, fact should be so stated above.