N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 22 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 20646

Township — Primary Registration District No. — Registered No. 662

City St. Joseph (No. 6040 Pryor street St. Ward)

2. FULL NAME Dora Schoenfeldt

(a) Residence, No. 6040 Pryor street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Schoenfeldt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1849

7. AGE: Years 82 — Months 2 — Days 16 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

FATHER

13. NAME Joseph Kleinberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Mrs G.H. Scheinert
(ADDRESS) 6040 Pryor st.-St Joseph Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt Olivet Cemetery
PLACE St. Joseph Mo. DATE June 26, 1931

19. UNDERTAKER H O Sidenfaden
(ADDRESS) 1802 Union st. St. Joseph Mo.

20. FILED JUN 25 1931 John R Blender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1931, to 6-23, 1931

I last saw her alive on 6-16, 1931. Death is said to have occurred on the date stated above, at 1:50 A.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Acute — Date of onset 6/16/31

93 A

77

Other contributory causes of importance:

Arteriosclerosis, Unknown

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C H Trauson, M. D.

(Address) 101 1/2 W Moore