NOV 9 1935

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

Do not use this space.

31404

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8243

City St. Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Julius C. Schoeneberg

(a) Residence, No. 4556 Newport St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ethel Schoeneberg.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 23 1884

7. AGE: YEARS 51 MONTHS 3 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Southwest A.V.C.
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): Waterloo Ills

FATHER

13. NAME: Peter Schoeneberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waterloo Ills.

MOTHER

15. MAIDEN NAME: Ida Dedeke.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waterloo Ills.

17. INFORMANT (ADDRESS): Ethel Schoeneberg. 4556 Newport Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE Oct 2nd 1935

19. UNDERTAKER (ADDRESS): Wacker Heldale. 2331 So Broadway

20. FILED OCT -1 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-29-, 1935, to 9-29-, 1935
I last saw him alive on 9-29-, 1935. Death is said to have occurred on the date stated above, at 11 40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease type unknown	Unknown
	2

Other contributory causes of importance: — 95b

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) L. Gottlieb, M. D.
(Address) Barnes Hosp.

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.

[illegible] INFORMATION IS A PERMANENT RECORD