

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

Do not use this space.

JUL 14 1936

24398

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(Name) St. Louis Moap.

File No.....

Registered No. 6013

St. Ward

2. FULL NAME

(a) Residence, No. 1380 Union Ave. Ward. 6 (If nonresident, give city or town and State)

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 OF RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhoda Eva Schueneman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1854		
7. AGE YEARS 81	MONTHS 9	DAYS 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Supt.		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metropolitan Ins Co.		
10. Date deceased last worked at this occupation (month and year) Hungary		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
13. NAME Ludwig J. Schueneman		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Luise David		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) Eleanor Schueneman 1380 Union Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE June 11 1936		
19. UNDERTAKER (ADDRESS) Wagoner and Co. 362 Olive St.		
20. FILED JUN 11 1936 J. F. Brebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1936 to June 8 1936
I last saw him alive on June 8 1936 Death is said to have occurred on the date stated above, at 5:15 P. M.

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

Arteriosclerosis of coronary artery
arteriosclerosis of feet
myocardial infarction

Date of onset

Other contributory causes of importance:

Arteriosclerosis general
myocardial infarction

Name of operation none Date of operation
What test confirmed diagnosis? Phy 7 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 1936

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) J. D. Houser, M. D.
(Address) 5602 Union Ave
St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. C. J. ...
65602
12 ...