

SEP 25 1940 791

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1411 Montclair 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Minnie K. Schorfield 143
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. G. Schofield 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 19 1870
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Roy R. Schofield
(b) Address 5957 Ridge Ave.
17. (a) Burial (b) Date thereof 8 13 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) AUG 12 1940 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1411 Montclair Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11th
year 1940 hour 8 minute 25 AM.

21. I hereby certify that I attended the deceased from Feb. 1938 to Aug. 11 1940,
that I last saw her alive on Aug 10, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death CHR. Myocarditis 3 yrs. +
After 105k sclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John S. Pae (M. D. or other) M.D.
Address 1492 Hodiamont Date signed 8-12-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

14th St. Hadley road
Winn., 11/11/57
9:30 to 11 A.M.
1st W.P.U.C.

OCT 7 1957

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *R. M. Sanford*
* Licensed Embalmer No..... *2273*
P. O. Address..... *Sanford*

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, above space should be left blank.