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.

FILED FEB 18 1941

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

Do not use this space.

1. PLACE OF DEATH
County ST. CHARLES — Registration District No. 7604 — File No. 4083
Township CUIVRE — Primary Registration District No. 5949 — Registered No.
City ..... (No. ..... , 1 St. 77 Ward)

2. FULL NAME MARY M. SCHOENE
(a) Residence, No. O'FALLON St., ... Ward. 0 0
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV. 3 1895
7. AGE: YEARS 45 — MONTHS 1 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK
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): O'FALLON Mo 0

FATHER
13. NAME: EDWARD SCHOENE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. PAUL Mo 0

MOTHER
15. MAIDEN NAME: BENEDICT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LINCOLN Co Mo 0

17. INFORMANT (ADDRESS): LEO SCHOENE O'FALLON Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE ST. PAUL Mo DATE DEC. 7 1940
19. UNDERTAKER (ADDRESS): E. A. KEITHLY O'FALLON Mo
20. FILED 1-28 1941 Gertrude S. Fairstell Registrar. 68

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DEC. 4, 1940
22. I HEREBY CERTIFY, That I attended deceased from June 1938, to Dec 4, 1940
I last saw her alive on Dec. 3, 1940. Death is said to have occurred on the date stated above, at 6:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of spine	1938
Pyelitis	Nov. 1940

Other contributory causes of importance:

16

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Nicholas J. Honich M. D.
(Address) O'Fallon, Mo.