

Registration District No. 1757

Primary Registration District No. 3036

Registrar's No. 57

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles

(c) Name of hospital or institution: 575 Jefferson St. 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town: St. Charles (If outside city or town limits, write "RURAL")

(d) Street No. 575 Jefferson St. 3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lawrence A. Schoenberg

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1941 hour 4 minute 45 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 15 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 22 1941, to March 12 1941; that I last saw him alive on March 11 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Myocarditis

Due to Uremia

Due to Chronic nephritis

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

Duration
<u>?</u>
<u>6 days</u>
<u>?</u>
<u>?</u>

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

10. Usual occupation Retired merchant

11. Industry or business Antique Dealer

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Charles Schoenberg

13. Birthplace Prussia (City, town, or county) (State or foreign country)

14. Maiden name Margaret Judick

15. Birthplace Neschen Romstadt (City, town, or county) (State or foreign country)

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? to 724

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

23. Signature Joe J. ... (M. D. or other) _____

Address ... Date signed 3-13-41

16. (a) Informant Mrs. Josephine Schoenberg

(b) Address 575 Jefferson St. Charles, Mo.

17. (a) Burial (b) Date thereof Mar. 14 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Rosewood C.

18. (a) Signature of funeral director H. C. ...

(b) Address 200 N. ... St. Charles, Mo.

19. (a) 3-13-41 (b) Clarence B. ...
(Date received local registrar) (Registrar's signature)

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.....

John E. Dallmeyer

Licensed Embalmer No. *2957*

P. O. Address *St Charles Mo*

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, fact should be so stated above.