No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15682

State File No.

Registration District No. 757 Primary Registration District No. 5998 Registrar's No. 75

1. PLACE OF DEATH

(a) County St Charles

(b) City or town Rural - St Charles Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Emmaus Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles 92

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. St Charles Township 0
(If rural, give location)

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

3. (a) PRINT FULL NAME VIRGINIA SCHOENFELD

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June (Month) 30 (Day) 1913 (Year)

8. AGE: Years 27 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Chas. F. Schoenfeld
13. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Smyth
15. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. May Schoenfeld
(b) Address 6506 Odell St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St Peter & Paul Cemetery St Louis Mo

18. (a) Signature of funeral director Hoffmann-Baue
(b) Address 326 N 6th St - St Charles Mo

19. (a) 4-24-41 (Date received local registrar) (b) Clarence G Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1941 hour 12 minute 31 P.M.

21. I hereby certify that I attended the deceased from March 1st, 1941, to April 23, 1941;
that I last saw h. alive on April 21st, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Ulcer. Duration 2 Mo.

Due to

Due to

Other conditions Idiocy 1172
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 679
(Specify type of place)
While at work? (e) Means of injury

23. Signature A P Erich Schoenfeld (M. D. or other)
Address St Charles Mo Date signed 4/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur C. Baul

Licensed Embalmer No. 3155

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.