

FILED OCT 18 1941
791

STANDARD CERTIFICATE OF DEATH
1003

State File No. 30216
Registrar's No. 7555

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LUTHERAN HOSPITAL
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 1/2 days
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5210 Enright Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1941 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from Sept 11
1941 to Sept 18 1941;
that I last saw h. or alive on Sept 18 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Route Anterior Poliomyelitis Duration 5 days
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy see hospital autopsy report

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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury 0
23. Signature Hugh R. Smith M.D. (M. D. or member)
Address 207 N. Grand Blvd Date signed 9/18/41

3. (a) PRINT FULL NAME EDITH MARIE ETHERINGTON

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife John S. 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased September 6, 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Karl F. Schoenefeld
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Rose
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Mary Schoenefeld
(b) Address 5210 Enright Ave.

17. (a) burial (b) Date thereof 9/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) SEP 18 1941 (b) J. Bredack
(Date received local registrar) (Registrar's signature)

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

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.....

Raymond L. Morris
working under my personal supervision.

Registered Apprentice No. *290*

Signed *Joe E. McCulloh*

Licensed Embalmer No. *2460*

P. O. Address *4175 Delmar*

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

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