S. No. 2
—12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1948

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42937

Registrar's No. 10964

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: 5039 Fendler Place
(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

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

(d) Street No. 5039 Fendler Place
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Conrad Schoen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Marie Schoen

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

7. Birth date of deceased October (Month) 2 (Day) 1876 (Year)

8. AGE: Years 70- Months 2 Days 17 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) Germany (State or foreign country)

10. Usual occupation Printer

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Marie Schoen
(b) Address 5039 Fendler Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

DEC 20 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Nov-10-1946 to Dec 19 1946
that I last saw him alive on Dec-19- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension Decant
Disease of the Congestion type
Cardiac Failure

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 2 years

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

23. Signature [signature] (M. D. or other) MD
Address 3127 So Grand St. Louis Date signed 12-19-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wayland
3127 S. Grand

mk

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 James R. Dunn, Registered Apprentice No. 403, working under my personal supervision.

Signed Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.