

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5084 Cabanne Ave.  
(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)

3. (a) PRINT FULL NAME Dicy Schoenfeld.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herman Schonfeld Sr. 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov. 14, 1875.  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas Thompson

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

14. Maiden name Mary

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

16. (a) Informant Mrs. Lucille Cornwell

(b) Address 5084 Cabanne Ave.

17. (a) Burial (b) Date thereof April 9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lake Charles Cem.

18. (a) Signature of funeral director J. S. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) APR 23 1948 (Date received by Registrar) J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5084 Cabanne Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1948 hour 6.15 minute A.M.

21. I hereby certify that I attended the deceased from 25 Mar  
1948 to 7 April 1948  
that I last saw her alive on 7 April 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary edema 24 hrs  
Due to Respiratory failure 24 hrs  
Due to Cerebral hemorrhage 7 days

Other conditions  
(Include pregnancy within 3 months of death)  
82

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no

Duration

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature S. Dworkin (M. D. or other) MD  
Address 1652 So Grand Date signed 7 Apr 48

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

DR. S. DOWORKIN  
1657 So. Grand Blvd.,  
PR. 6200 1-3 P.M.

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**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 S. Reimberg*

Licensed Embalmer No. 4194

P. O. Address St. Louis, 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.**