

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

14634

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4088**

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

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:
City Hospital
(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 Emil Schoenfeld

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Theresa Schoenfeld

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

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 69 - - hr. min.

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

10. Usual occupation Waiter

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Jerome Hofstein

(b) Address 8624 W. Kingsbury

17. (a) Burial (b) Date thereof 5-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf, Inc.

(b) Address 5216 Delmar Blvd.

19. (a) APR 30 1948 (b) J. F. Brobeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 12th & Delmar Blvd.
25 (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 29
year 1948 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull; Duration
Hematoma of brain; when he walked into
the right front fender of an automo-
bile driven by John William Edward
Biggs, at the intersection of 6th &
Washington, around 3:57 PM, April
28, 1948.
Due to UNAVOIDABLE ACCIDENT.

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

Major findings:
- Of operations.....
- Of autopsy.....

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) Accident

(b) Date of occurrence 4-28-1948

(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?
public place

While at work? no (Specify type of place)
(e) Means of injury See above

23. Signature Patricia E Taylor, Dep Car
Date signed 4-30-48

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 Ketter

Licensed Embalmer No. 3880

P. O. Address:.....

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.