#82902

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34672

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9096

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ord 17

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5875 Lotus 5
Memorial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME BEN SCHOENHOFF

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mrs MARY SCHOENHOFF

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

7. Birth date of deceased Nov 8-1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 10 If less than one day hr. min.

9. Birthplace CREVE COUER MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name unknown 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr FRANK SCHOENHOFF

(b) Address 5875 Lotus

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation CALVERY Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lock land Overland MO

19. (a) OCT 20 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 18th year 1948 hour 8 minute 55 PM

21. I hereby certify that I attended the deceased from Oct 10, 1948, to Oct. 18th, 1948 that I last saw him alive on Oct. 18th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heard disease

Due to Ch Glomerulonphritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature E W Gebinski (M. D. ~~or other~~)

Address 1515 Lafayette Date signed 10/19/48

(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 J Allen Baird Jr

Licensed Embalmer No. 50 43

P. O. Address St Louis Mo

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

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