S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38622

Registrar's No. 10526

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 Conv. Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (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. 3961 a Cottage ave
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Virgie Schoenhard

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 Harry Schoenhard

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October (Month) 24 (Day) 1899 (Year)

8. AGE: Years 49 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business none

FATHER
12. Name James Davis
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Anna Lueking
15. Birthplace (City, town, or county) St. Louis (State or foreign country) Missouri

16. (a) Informant Harry Schoenhard
(b) Address 3961 a Cottage avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director A. Kron L. & U. Co.
(b) Address 2707 N. Grand Blv'd

19. (a) DEC 4 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1948 hour 12 minute 05 p. M.

21. I hereby certify that I attended the deceased from Oct 31/48 19 Dec 1 19 48
that I last saw her alive on Nov 29 19
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis 3 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 [illegible] M. D. or other
Address 4724 Goodfellow Date signed 12/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

10526

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.