

FILED NOV 17 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH1003, State File No. 39022
9390

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's				d. STREET ADDRESS (If rural, give location) 7215 Eugene			
3. NAME OF DECEASED (Type or Print) a. (First) Calvin Clyde			b. (Middle) Schoenebeck			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) 11 2 50		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Oct. 1, 1928		9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME William Schoenebeck			13b. MOTHER'S MAIDEN NAME Ella Schmidt			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-26-5839		17. INFORMANT'S SIGNATURE OR NAME William Schoenebeck ADDRESS 7215 Eugene			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Heart Failure Due to Pulmonary Disease				INTERVAL BETWEEN ONSET AND DEATH ? hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Status Asthmaticus		DUE TO (c) BRONCHIAL ASTHMA				3 DAYS ?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2-HIT			
22. I hereby certify that I attended the deceased from 30 Aug, 1946 , to 2 NOV, 1950 , that I last saw the deceased alive on 2 NOV, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE George A. Youngman Jr. (Degree or title) _____				23b. ADDRESS 5439 Garri Ave		23c. DATE SIGNED 3 NOV 50	
24a. BURIAL/CREMATION/REMOVAL (Specify) Burial		24b. DATE 11/6/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Lemay 23, Missouri	
DATE REC'D BY LOCAL REG. NOV 6 1950		REGISTRAR'S SIGNATURE J. Blasler			25. FUNERAL DIRECTOR'S SIGNATURE Southern Fun. Home ADDRESS 6322 S. Grand		

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

From the time of death until now

0686

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed

David Van Horn

Signed.....

Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6322 So Blvd*

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.