

FILED JAN 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4179**

BIRTH NO. _____ REG. DIST. NO. **307** PRIMARY REG. DIST. NO. **547** Registrar's No. **0060**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) Clayton	
c. LENGTH OF STAY (in this place) 1 Month		d. STREET ADDRESS (If rural, give location) 6603 San Bonita Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Louise	b. (Middle) Caroline	c. (Last) Schoenhard	1 7 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/27/1879	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR Months 2 Days 10 Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Elias Ernst	13b. MOTHER'S MAIDEN NAME Louise Manigold	14. NAME OF HUSBAND OR WIFE Richard B. Schoenhard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Richard Schoenhard ADDRESS 6603 San Bonita

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Upper Intestinal Tract		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ca. Papilloma of bladder		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 1951**, to **Jan 7, 1953**, that I last saw the deceased alive on **1-6, 1953**, and that death occurred at **8:30 P.M.**, from the causes and on the date, stated above.

23a. SIGNATURE Emile Brande (Degree or title) MD		23b. ADDRESS 120 East Lockwood		23c. DATE SIGNED 1/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/9/53	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo		
DATE READ BY LOCAL REG. 1-9-53	REGISTRAR'S SIGNATURE Hester R. Dombi	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary		ADDRESS 6633 Clayton Rd	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ernest W. Gillars

Licensed Embalmer No. *14080*

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.