

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**10416**

State File No. ....

No. 300  
10.48

BIRTH **FILED MAR 31 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2687**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>		b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>1-day</b>		6. STREET ADDRESS (If rural, give location) <b>5634 Hebert Street</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>Beverly</b>			b. (Middle)		c. (Last) <b>Schonlau</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 23, 1954</b>				
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>		8. DATE OF BIRTH <b>Apr. 8, 1933</b>		9. AGE (In years last birthday) <b>20</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b>15</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>George Boggiano</b>			13b. MOTHER'S MAIDEN NAME <b>Jyme Whitworth</b>			14. NAME OF HUSBAND OR WIFE <b>Mr. Thomas Schonlau</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Thomas Schonlau, 5634 Hebert Street</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>9 years</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Heart Disease</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Heart Failure</b>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)							
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 checked="" 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) <b>422.2</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from **2-17**, 19**54**, to **2-23**, 19**54**, that I last saw the deceased alive on **2-23**, 19**54**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>			23b. ADDRESS <b>1506 Madison</b>			23c. DATE SIGNED <b>2-24-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 26, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>MAR 24 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>840 Lindell Blvd.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 409

P. O. Address [Signature]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.