No. 300
10-48

FILED NOV 3 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35072
State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 330

0940 2

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

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN Farmington (If outside corporate limits, write RURAL and give township) Rural St. Francois
c. LENGTH OF STAY (in this place) 25Y;6M;19Das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis County
c. CITY OR TOWN Maplewood
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 7219 Zephyr Place 4534

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) —
c. (Last) SCHOENE

4. DATE OF DEATH (Month) (Day) (Year) October 16, 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH October 28, 1903
9. AGE (In years last birthday) 50 — If under 1 year: Months 11, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former Stenographer for Anderson Anti Saloon League, Maplewood, Mo.
10b. KIND OF BUSINESS OR INDUSTRY 0
11. BIRTHPLACE (City and State or Foreign Country) 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Otto Schoene
13b. MOTHER'S MAIDEN NAME Marie Thierbach
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Schoene, 3518 Central Ave., Kansas City Mo.

MEDICAL CERTIFICATION

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) Inanition - - - - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: 1 month.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Dementia Praecox Psychosis - - - - — Abt. 25 yrs.
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 ~3007
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 14, 19 54 *to* October 16, 19 54, *that I last saw the deceased alive on* October 16, 19 54 *and that death occurred at* 4:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE John A. Brennan (Degree or title) M.D.
23b. ADDRESS State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED 10-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Oct. 18, 1954
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. Oct. 16, 1954
REGISTRAR'S SIGNATURE 289-5 Esther Ridlon
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser, 4228 S. Kingshighway, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....Me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..Dale A. Shaumann...

Licensed Embalmer No. 45

P. O. Address ..St. Louis...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.