

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7957** STATE FILE NUMBER

FILED AUG 31 1961

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, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 61 yrs.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4425 Alaska
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARGARET Middle L. Last SCHOENEBERG			4. DATE OF DEATH Month August Day 24 Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 18, '82	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Garmin Mfg.	11. BIRTHPLACE (City and state or country) Waterloo, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Peter Schoeneberg		13b. MOTHER'S MAIDEN NAME Ida Dedeke		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.		17. INFORMANT Address Mrs. Frank Gregor, 4122 Rosa Avenue		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Pulmonary Embolus.** INTERVAL BETWEEN ONSET AND DEATH **30"**
DUE TO (b) **Immobilized left leg (blood clot)**
DUE TO (c) **Intertrochanteric Fracture, left**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Intertrochanteric Fracture, left.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Intertrochanteric Fracture left hip.

20c. TIME OF INJURY Hour a.m. **9:00** Month, Day, Year **August 7-1961**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
15 Home.

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **11-5-58** to **8-24-61** and last saw her alive on **8-24-61**.
Death occurred at **12:10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
William M. Komarevsky MD

22b. ADDRESS
5005 S. Kingshighway

22c. DATE SIGNED
8-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Aug. 28, 1961

23c. NAME OF CEMETERY OR CREMATORY
Park Lawn Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS
Beiderwieden F.H.Inc., 1936 St. Louis (6)

25. DATE RECD. BY LOCAL REG.
AUG 26 1961

26. REGISTRAR'S SIGNATURE
Roal Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

X.2-8456
1-4

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 Homer W. Fritz

Licensed Embalmer No. 3882

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.