

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space

36001

16001

1. PLACE OF DEATH

County St. Louis

Registration District No. 296

Township

Primary Registration District No. 4189

City Union (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Mary Josephine Schenk

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 1924

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 4 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

10. NAME OF FATHER Fred E. Schenk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Rock Island, Ill.

12. MAIDEN NAME OF MOTHER Sabra Sabrowsky

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

14. INFORMANT (Address) Rev. F. E. J. Schenk, Union, Mo.

15. FILED Dec 18, 1925 E. A. Stuberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1925

17. I HEREBY CERTIFY That I attended deceased from Dec 16 1925 to Dec 17 1925 that I last saw him alive on Dec 17 1925 and that death occurred, on the date stated above, at 5:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inferiority

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Her Home

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cerebral
(Signed) E. A. Stuberger, M. D.
Dec 18, 1925 (Address) Union, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Evans Cemetery
20. UNDERTAKER W. H. Storn

Dec 19 1925
ADDRESS Union, Mo.

United States Standard
Certificate of DeathCensus and American Public Health
Association.)

Registration District No. _____
County _____

1. PLACE OF DEATH

Occupation.—Precise statement of important, so that the relative pursuits can be known. The each and every person, irrespectively occupations a single word or phrase will be sufficient, e. g., *Farmer or Compositor, Architect, Locomotive Engineer, Stationary Fireman,* etc., especially in industrial establishments, necessary to know (a) the kind of the nature of the business or industry; if an additional line is provided for use; it should be used only when necessary: (a) *Spinner, (b) Cotton mill, (c) Grocery, (a) Foreman, (b) Automobile material worked on* may form part of the statement. Never return "Man," "Manager," "Dealer," etc., without precise specification, as *Day laborer, Miner—Coal mine, etc.* Women engaged in the duties of the household *Housekeepers* who receive a

definite salary), may be entered as *Housewife, Housework or At home,* and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonid* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Marasmus," "Old age," "Shock," "Weakness," etc., when a definite disease has been ascertained as the cause. Always quote diseases resulting from childbirth or miscarriage: "PUERPERAL septicemia," "PUERPERAL pneumonia," etc. State cause for which surgical operation was undertaken. * For VIOLENT DEATHS state the nature of the INJURY and qualify as ACCIDENTAL, SUICIDE, HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus,* etc.), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.