

AUG 9 1935

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

791
1003

Do not use this space.

24975

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.

(No.)

St. Johns Hospital

File No.....

Registered No.....

St.

Ward).....

2. FULL NAME Jacob Schenck Sr.(a) Residence, No. 2003 Penn Street St. 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florentine Schenck				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 9, 1850				
7. AGE	YEARS 85	MONTHS 5	DAYS 16	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor (Retired)
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**13. NAME **Jacob Schenck**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME (Unknown) **Rapp**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Olivia Schenck**
2003 Penn Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE **New St. Marcus** DATE **July 29th 1935**19. UNDERTAKER (ADDRESS) **Wick Brothers**
2201 S. Grand Boulevard20. FILED **JUL 29 1935** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25th**, 19 **35**22. **6/15/35** I HEREBY CERTIFY, That I attended deceased from **7/25/35**, 19.....
I last saw h. ~~him~~ alive on **7/25/35**, 19..... Death is said to have occurred on the date stated above, at **1:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis. Ch. of the heart
930

Other contributory causes of importance:

Acute hypotrophyName of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased? **Yes**
If so, specify.....(Signed) **J. F. Bredeck**, M. D.
(Address) **Beaumont Kelly**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

16006-11-22-31

3720. Washington

OF 6 62

CONFIDENTIAL