FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 2991
Township Central — Primary Registration District No. 6033 — Registered No. 33
City Wellston (No. 6332 Derby Ave. 2 St. Ward)

2. FULL NAME George P. Schenck. Jr.
(a) Residence, No. 6332 Derby Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 5, 1910.

7. AGE: YEARS 26 — MONTHS 1 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder, Catapillar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tractor Co. 69
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) St. Louis County. Missouri.

FATHER
13. NAME George P. Schenck Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

MOTHER
15. MAIDEN NAME Elizabeth Steutermann.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois.

17. INFORMANT (ADDRESS) Mrs Laura Mae Schenck 6332 Derby Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cemetery DATE January 30, 1937

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Eastern Ave.

20. FILED 1-28- 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-24-, 1937, to 1-28, 1937
I last saw h. LM alive on 1-28, 1937. Death is said to have occurred on the date stated above, at 6:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA (LEFT LOWER)	1-22

Other contributory causes of importance:

Name of operation NONE Date of
What test confirmed diagnosis? USUAL Was there an autopsy? NO

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? No
If so, specify
(Signed) J O Mussin, M. D.
(Address) 608 Kingsland

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.

V. S. No. 2
100M-11-24-33

Dr. J. C. Murrin
608 Kingsland.
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Cabany 0854