

MAY 7 1937

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

Do not use this space.

14585

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis, Mo.

(No. 3824 Juniata)

791

1003

File No.

Registered No.

4081

St.

Ward

2. FULL NAME

Henry Schlenk

(a) Residence, No. 3824 Juniata

St.,

16. Ward.

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Anna Schlenk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

2

67

2

5

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Nil

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Belleville

Ill.

MOTHER
FATHER

13. NAME Frederick Schlenk

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

15. MAIDEN NAME Anna Ullrick

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

17. INFORMANT Arthur Schlenk
(ADDRESS) 4101 Minnesota

18. BURIAL, CREMATION, OR REMOVAL

PLACE Vahalla Crematory DATE 4/19/37

19. UNDERTAKER Edith E. Ambrose

(ADDRESS) 4234 Manchester

20. FILED APR 19 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15/37

19

22. HEREBY CERTIFY, That I attended deceased from

Jan 1935, to Apr 15, 1937

I last saw him alive on Apr 15, 1937. Death is said

to have occurred on the date stated above, at 5:30 P. M.

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

Chor. Myocarditis & Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed).....

(Address).....

M. D.

