

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

Do not use this space.

**JUN 25 1937**

**1. PLACE OF DEATH**

County Perry

Registration District No. 660

File No. 20929

Township Perryville mo

Primary Registration District No. 4396

Registered No. 1

City Perryville mo

St. Mo

Ward

**2. FULL NAME**

John Schenck

(a) Residence, No.         

St.         

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**

**MEDICAL CERTIFICATE OF DEATH**

**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**

Barbara Schenck

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

Oct 6 1863

**7. AGE**

73

YEARS

7

MONTHS

14

DAYS

If LESS than 1 day, .....hrs. or .....min.

**OCCUPATION**

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

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)**

Perry Co mo

**13. NAME**

Jacob Schenck

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

Perry Co mo

**15. MAIDEN NAME**

Rosie Knoll

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

Germany

**17. INFORMANT (ADDRESS)**

Barbara Schenck Perryville mo

**18. BURIAL, CREMATION, OR REMOVAL PLACE**

Lutheran ch. DATE May 23 1937

**19. UNDERTAKER (ADDRESS)**

Young & Sons Perryville mo

**20. FILED**

May 22 1937

Joe J. Zollner Registrar

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

May 20 1937

**22. I HEREBY CERTIFY, That attended deceased from**

May 21, 1937, to         , 19        

I last saw him alive on May 20, 1937. Death is said

to have occurred on the date stated above, at 8:00 A.M.

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

acute Coronary Thrombosis

Date of onset

**Other contributory causes of importance:**

0.412

**Name of operation**

**Date of**

What test confirmed diagnosis?          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? Y/N**

If so, specify

(Signed)

E. J. Gahan  
Perryville Mo

M. D.

(Address)

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.

