

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 984Township St. FerdinandPrimary Registration District No. 6030City Jennings (No. The Elmo Home)File No. 28280
Registered No. 141 St. _____ Ward)2. FULL NAME Oscar A. Schenk(a) Residence, No. 2520 Mc Laren St. _____ Ward.

(If nonresident, give city or town and State)

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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18737. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
above 64OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Indiana13. NAME Oscar Schenk14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mrs. W. H. Duestelkamp
(ADDRESS) 2520 Mc Laren Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Everette Indiana DATE July 26 193719. UNDERTAKER E. J. Schenk
(ADDRESS) 3125 Lafayette Ave20. FILED 7-26 1937 W. A. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 193722. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to July 26 1937I last saw him alive on July 24 1937. Death is said to have occurred on the date stated above, at 7:15 a.m.The principal cause of death and related causes of importance were as follows:
Carcinoma of colon Jan '37
descending

Date of onset

Other contributory causes of importance:
spore done
Exploratory - 1937Name of operation Exploratory Date of _____
What test confirmed diagnosis? Micros. Was there an autopsy? no23. 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) E. J. Schenk, M. D.(Address) 6704 W. FlanneryPer G. Smith

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.

