

DEC 12 1938

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

37203
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003** Registered No. **9530**
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **520 Edward Schinke**

(a) Residence, No. **5800 Arsenal** St. **13** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 19, 1866**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Common**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. **9 7/8**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Ill.**

FATHER 13. NAME **August Schinke**

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

MOTHER 15. MAIDEN NAME **Eva Bolt**

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

17. INFORMANT **J.G. Sullivan**
(ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Park Lawn Cemetery** DATE **Mar 3 1938**

19. FUNERAL DIRECTOR **Edward Koch**
(ADDRESS) **3916 N. 14th St.**

20. FILE **NOV 2 1938** **J. F. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 1, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 27, 1938 to Nov. 1, 1938**

I last saw him alive on **Nov. 1, 1938**. Death is said to have occurred on the date stated above, at **7:30 P.M.**

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

Chronic Myocarditis Date of onset **yrs. mo.**

Other contributory causes of importance: **Generalized Arteriosclerosis**

Name of operation **None** Date of.....

What test confirmed diagnosis? **HIST. I.P.E.** 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? **Yes**
If so, specify.....

(Signed) **Wes. M. Pike**, M. D.
(Address) **City Infirmary**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed *B. H. Rin* _____
Licensed Embalmer No. *1391*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

4106 Botane