REC'D AUG 11 1939

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

24351
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6624

1. PLACE OF DEATH
(a) County
(b) Township
(c) or City St. Louis.
(d) Street No. Firman Desloge Hospital. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Schenk 52
(a) Residence, No. 1600 N 14th St St. Louis Mo. St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1878.

7. AGE: 61 years; Months: 6; Days: 5; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk.
9. Industry or business in which work was done, as 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) St. Louis, Mo. 0 1 6

FATHER
13. NAME Joseph Schenk. 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 6

MOTHER
15. MAIDEN NAME Mary Wolf.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Joseph G. Schenk.
(ADDRESS) 4222 No. Newstead.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvery Cem. DATE July 29, 1939

19. FUNERAL DIRECTOR (NAME) Stroot Carroll.
(ADDRESS) 4600 Natural Bridge.

20. FILED JUL 28 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1939, to 7-26, 1939
I last saw him alive on 7-26, 1939. Death is said to have occurred on the date stated above, at 6 45 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of Aorta	Unknown

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Yes Was there an autopsy? Yes

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 No
(Signed) Edwin J. Casey, M. D.
(Address) 6063 Kingsbury

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Sheldon Collier

Licensed Embalmer No. 3382.

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.