

MAY 15 1940

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3754

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5716 Arendes Dr.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5716 Arendes Dr.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Joseph F. Schenk 520

3. (b) If veteran, name war None 3. (c) Social Security No. 141-14-9363

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma M. Schenk 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan. 19th 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 3 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman City of St. Louis

11. Industry or business \_\_\_\_\_

12. Name Christopher Schenk

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Francis Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma M. Schenk

(b) Address 5716 Arendes Drive

17. (a) Burial (b) Date thereof 4-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW St MARCUS CHURCH

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) APR 25 1940  
(Date received local registrar)

20. DATE OF DEATH: Month April day 24th  
year 1940 hour 7:15 minute P.M. M.

21. I hereby certify that I attended the deceased from Dec. 12-39  
19\_\_\_\_ to April 24 - 1940

that I last saw him alive on April 24 - 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic  
Myocarditis with  
hypertension  
Due to Chronic tubercular  
with emphysema  
Due to non tubercular

Duration  
1 year  
4 mos

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Mean of injury (LWEINSBERG)

23. Signature [Signature] (M. D. or other) MD  
Address 3548 S. Grand Date signed 4/25/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Mr. John T. Weisberg  
3548 So. Lincoln  
2<sup>nd</sup> Fl. - 430

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**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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

**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.)**

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