

FILED FEB 3 1942

Registration District No. _____

Primary Registration District No. 111

Registrar's No. 179

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(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 Missouri (b) County _____
 (c) City or town Rolla
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alberta Schrenk
 3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January 22, 1942
 year 1942 hour 20 A.M. minute _____ M.
 21. I hereby certify that I attended the deceased from 10/2/41
 _____ 19 _____ to 1/22/42 19 _____
 that I last saw h. or alive on 1/21/42 19 _____
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Walter Schrenk 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased July 27, 1897
(Month) (Day) (Year)

Immediate cause of death _____
Peripheral Circulatory Failure 2 wks.
 Due to Recurrent papillary cystadenocarcinomatous peritonitis 2 mo.
 Due to Papillary cystadenoma of ovary 2 yrs.
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
44 5 25 hr. _____ min.

Major findings: Large right ovarian cyst
 Of operations Large right ovarian cyst
 Of autopsy Cystadenocarcinomatous implants in peritoneum
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Taylor 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Bertha W. Taylor 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Schrenk
 (b) Address Rolla, Mo.

17. (a) Removal (b) Date thereof 1/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Edith E. Ambruster
 (b) Address 4234 Manchester

19. (a) JAN 23 1942 (b) E. J. McFarland
(Date received local registrar's certificate) (Registrar's signature)

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) (e) Means of injury _____

23. Signature A. J. Kotkis (M. D. or other) _____
 Address 462 N. Taylor Date signed 1/23/42

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

6489

81
22

Kolles
462 N. Taylor

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.

Autopsy

Signed.....

Henry Eynck

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis Mo.

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, fact should be so stated above.