

X29484

**FILED MAY 7 1942 91**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1008**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**1468 East Warne Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **25 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1468 East Warne Avenue**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **HATTIE CLARK SCHENCK,**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**  
year **1942** hour **7** minute **50PM** M.

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Herman Scenck**

6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **February 12, 1877**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 25 1942 to April 25 1942**  
that I last saw him alive on **April 25 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Undernourishment**

8. AGE: Years **65** Months **2** Days **13**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **None**  
(Include pregnancy within 3 months of death)

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

10. Usual occupation **At Home**

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

12. Name **Herman Keisleck**

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

14. Maiden name **Not Known**

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

PHYSICIAN \_\_\_\_\_

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

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

Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant **Dominick F. Schenck**

(b) Address **1468 East Warne Avenue**

17. (a) **Burial** (b) Date thereof **4/28/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fair Avenue**

19. (a) **APR 27 1942** (b) **J. F. Prudeck**  
(Date received local registrar) (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 **D**

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address **1918 East \_\_\_\_\_** Date signed **April 7/42**

---

---

**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 William G. Benkhofz,  
Licensed Embalmer No. 2110  
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.**