

FILED OCT 6 1942

Registration District No. **784**

Primary Registration District No. **2601**

Registrar's No. **1927**

1. PLACE OF DEATH:

(a) County **St. Louis Clayton**
(b) City or town **Academy Ave & C. B. & O. RR.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether
In this community **2 months**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ills.** (b) County **Knox**
(c) City or town **Galesburg**
(If outside city or town limits, write "RURAL")
(d) Street No. **512 S. Cedar Ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Eddie Byron Schenck**

3. (b) If veteran, name war..... 3. (c) Social Security No. **707-09-4670**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma A. Schenck** 6. (c) Age of husband or wife if alive **36** years
7. Birth date of deceased **Sept 4 1903**
(Month) (Day) (Year)

8. AGE: Years **39** Months **0** Days **10** If less than one day hr. min.

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

10. Usual occupation **B&B Mechanic**

11. Industry or business **C. B. & O. RR.**

12. Name **Geo. H. Schenck**

13. Birthplace **Allenstown, Penna.!**
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Myers,**

15. Birthplace **Astoria, Ills.!**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Emma Schenck**

(b) Address **512 Cedar St. Galesburg, Ill.**

17. (a) **removal** (b) Date thereof **9/16/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grand Island, Nebr.**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**

(b) Address **131 W. Argonne, Kirkwood Mo.**

19. (a) **SEP 15 1942** (b) **E. M. G...**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **14**
year **1942** hour **7:15** minute **P.** M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death **Apparently struck by Burlington train.**

Due to **Left occipital parietal & right frontal skull fracture; Subarachnoid hemorrhage & underlying brain laceration;**
Other conditions **Fractured left ribs with left hemothorax.**

PHYSICIAN
Major findings:
Of operations.....
Of autopsy **Yes.**

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

(a) **Accident, suicide, or homicide (specify) Accident. 196**

(b) Date of occurrence **Sept. 12, 1942**

(c) Where did injury occur? **Spanish Lake**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

(Specify type of place) While at work.....

23. Signature **Louis H. Bopp**

Address **Kirkwood, Mo.** 9/15/42 Date signed **2**

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

96
32

499
1/6

MOTHER FATHER

M &

NOV 1 11942

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.....

Louis H. Bopp

Licensed Embalmer No. *921*

P. O. Address.....
Suburban 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.