No. 2
—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38131

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2059

1. PLACE OF DEATH:

(a) County: ST. LOUIS COUNTY

(b) City or town: JEFFERSON BARRACKS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
VETERANS ADMINISTRATION FACILITY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 10/24/42 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No.: 2127 Cherry
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: NOAH F. SCHENNIGMAN

3. (b) If veteran, name war: W. W.

3. (c) Social Security No. 497-01-4939

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Jenny Schenigmann.

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: June (Month) 20 (Day) 1891 (Year)

8. AGE: Years 51 Months 4 Days 21 If less than one day — hr. — min.

9. Birthplace: Defiance (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Roofer.

11. Industry or business

FATHER
12. Name: HENRY SCHENNIGMAN
13. Birthplace: (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: MARIA MURPHY
15. Birthplace: (City, town, or county) Shiloh Mo. (State or foreign country)

16. (a) Informant: GOVERNMENT RECORDS.

(b) Address: Vet. Adm. Fac., Jefferson Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 13-42 (Month) (Day) (Year)

(c) Place: burial or cremation: VALHALLA CEM.

18. (a) Signature of funeral director: C. Hoffmeister Undt. Co.

(b) Address: 7814 S. Broadway

19. (a) NOV 11 1942 (Date received local registrar) (b) E. J. McSweeney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1942 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from October 24, 1942 to Nov. 10, 1942 that I last saw him alive on Nov. 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension and coronary arteriosclerotic heart disease c myocardial damage and insufficiency

Due to: and

Due to: nephritis, chronic c edema and nitrogen retention.

Other conditions (Include pregnancy within 3 months of death): unknown

Major findings:
Of operations:

Of autopsy:

Duration

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? (specify type of place)

While at work? (e) Means of injury

Signature: L. H. COCHRAN, M.D. (M. D. or other)

Address: CHIEF MEDICAL OFFICER. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 17

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 78/14 So. Broadwa

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.