V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42053

State File No. 0

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2616

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Copley's Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 0

(c) City or town Ellisville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Copley's Nursing Home
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Schenck

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 29, (Day) 1870 (Year)

8. AGE: Years 72 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Troy, (City, town, or county) Illinois. 0 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Jacob Schenck 1
13. Birthplace -v- - (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Lillian Schmidt
(b) Address 3835 Melba Place - Pine Lawn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1942. (Month) (Day) (Year)

(c) Place: burial or cremation Immanuel Lutheran Cemetery.

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge

19. (a) DEC 16 1942 (Date received local registrar) (b) C. G. McSherran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th, year 1942 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 9-8-42, 19..., to 10-19-42, 19...; that I last saw him alive on 10-19-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Esophagus	2 years
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. D. Spencer (M. D. or other) M. D.

Address St. Louis Co. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

Do. Pfeiffer, 1517 Cromwell.
C/o Mrs. Miller, Social Service.
~~Ca 4757~~ Ca 8535 - 9 a.m.

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 John A. Mlinar, Registered Apprentice No. ....., working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

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.