

FILED MAR 30 1948  
Registration District No. 318

Primary Registration District No. 1003

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:  
7620 Reilly /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community life  
years, months or days)

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. 7620 Reilly  
(If rural, give location)

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

3. (a) PRINT FULL NAME Gustav Schenk

3. (b) If veteran, name war no (c) Social Security No. 497-24-1563

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emilia Schenk 6. (c) Age of husband or wife if alive 62 years

Birth date of deceased June 21 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation MOLDER

11. Industry or business none

12. Name Fred Schenk

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

14. Maiden name unknown

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

16. (a) Informant Emilia Schenk  
(b) Address 7620 Reilly

17. (a) burial (b) Date thereof 3-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave/

19. (a) MAR 20 1948 (b) J. J. Bredesch  
(Date local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17<sup>th</sup>  
year 1943 hour 4 minute 45<sup>AM</sup>

21. I hereby certify that I attended the deceased from Feb 1 1943 to mar 17 1943  
that I last saw him alive on mar 16 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
multiple lung abscess 3 hrs  
hydrothorax rt. "  
pneumococcal yso. ?

Due to Pulmonary Tuberculosis 3 hrs

Other conditions (includes pregnancy within 3 months of death)

Major findings: Of operations 1/2  
Of autopsy \_\_\_\_\_

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)

23. Signature H. A. O. Sullivan MD  
Address 421 W Schermer date signed 3/19/43

0102

JUL 18 1949

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 Oliver C. Fendler  
Licensed Embalmer No. 4448  
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.