

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33506

State File No. _____
Registrar's No. 9075

Registration District No. _____ 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:
Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 1/2 years
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Schenkmeier
(b) If veteran, name war None (c) Social Security No. None

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 April 8, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 5 hr. _____ min.

9. Birthplace Philadelphia, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor (Retired)

11. Industry or business _____

MOTHER FATHER

12. Name Charles Schenkmeier
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Castle
15. Birthplace Philadelphia, Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Roth
(b) Address 5351 Delmar Blvd., St. Louis

17. (a) Cremation (b) Date thereof 10-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Ave.

19. (a) OCT 15 1943 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th
year 1943 hour Seven minute 55 4 M.
21. I hereby certify that I attended the deceased from March 25th,
1943, to October 13th, 1943,
that I last saw him alive on October 12th, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 Yrs.

Due to Diabetes Mellitus 1 Yr.

Due to Gangrene Left Foot 1 Mo.

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?

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature John Lawrence (M. D. or other) _____
Address 508 N. Grand Date signed 10-13-43

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

Ben Hoffman

Licensed Embalmer No.

4346

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.