

V. S. No. 2
100M-5-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

937
State File No. _____
Registrar's No. 225

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, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)

3. (a) PRINT FULL NAME Fred Schenck
3. (b) If veteran, name war No 3. (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 None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 5, 1872.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 2 hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Schenok

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

14. Maiden name Unknown

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

16. (a) Informant Elmer Schmidt

(b) Address 3835 Melba Pl.

17. (a) Burial (b) Date thereof Jan. 10, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Western Luthern Cemetery

18. (a) Signature of funeral director GALVIN F. FEUTZ FUNERAL HOME
(b) Address JAN 10 4928 Natural Bridge Blvd.

19. (a) _____ (b) J. F. Brudeck
(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. Ozanam Shelter (Glasgow & Montgomery)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1944 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from January 5, 1944 to January 7, 1944; that I last saw him alive on January 7, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral hemorrhage

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Refused

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Francis J. ... (M. D. or other) _____

Address 1515 Lafayette Avenue

844 (Licensed Embalmer's Statement on Reverse Side)

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..... *John 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.