V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 4 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15556

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4564

**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:
Christian Hospital
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 15

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5249 Gilmore Avenue
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louise Marie Schenck

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Anthony J. Schenck

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 7, 1890
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 54 | 11 | 14 | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Peters
13. Birthplace Johannesburg (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Caroline Buchmueller
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Anthony J. Schenck
(b) Address 5249 Gilmore Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) MAY 23 1945 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 21, 1945
year hour 4 minute 13 P M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Obstruction Shock following gas Anesthesia while under going operation at Christian Hospital of May 28th 1945 at 4:13 P.M.

Duration

Due to Obstruction from Valvulus

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 122

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 Patrick E. Taylor (M.D. or other)
Address Dyer Date signed 5/24/45

(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 Ogonoski

Licensed Embalmer No. 2398

P. O. Address.....

**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.**