

FILED MAY 31 1946 318

1003

Registration District No.

Primary Registration District No.

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:
4655 S. 37th St.
(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)

3. (a) PRINT
FULL NAME

Roy Schlenk

3. (b) If veteran,
name war _____

3. (c) Social Security

No. 490-01-053

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Estelle Schlenk 6. (c) Age of husband or wife if
alive 37 years
7. Birth date of deceased July 23 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 9 26 hr. min.

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

10. Usual occupation Clerk

11. Industry or business J.C. Penny Co

12. Name Henry Schlenk

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

14. Maiden name Anna Petri

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

16. (a) Informant Estelle Schlenk

(b) Address 4318 Ellenwood Ave

17. (a) Burial (b) Date thereof May 22-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Frederick Bros

(b) Address 5402 Gravois Ave

19. (a) MAY 21 1946 (b) J. F. Broeck
(Date received local registrar) (Registrar's signature)

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. 4318 Ellenwood Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day May
year 1946 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from May 18, 1946
to May 19, 1946
that I last saw him alive on May 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Chc. Bilateral Bronchopneumonia

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 sta-
tistically.

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 John J. Mery (M. D. or other) MD
Address 3601 S. Grand Date signed May 20 1946

Dr. J. J. Terry
Mellon Building
3608 N. Broadway

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

Rex E. Campbell

Licensed Embalmer No.

3881

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.