

No. 2
-12-45
FILED
MAR 11 1947
11 47070

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Brothers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 years
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John F Schenk
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Sarah Anne
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 8 hr. _____ min.

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

10. Usual occupation Molder

11. Industry or business Retired

12. Name Fred Schenk

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

14. Maiden name Mary Gansner

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

16. (a) Informant John M Schenk

(b) Address 5707 McPherson, St Louis, Mo

17. (a) Burial (b) Date thereof March 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Ceme

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY
6464 Chippewa, St Louis, Missouri

19. (a) MAR 1 1947 (b) J. F. Bruckner
(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. 5707 McPherson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FE 13 day 28
year 1947 hour 8 minute 55 P.M.
21. I hereby certify that I attended the deceased from Jan 7,
1941 to Feb 28, 1947
that I last saw him alive on Feb 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
arteriosclerosis
Due to _____
Due to _____
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration
Chronic
Chronic
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 _____
23. Signature Wm. L. J. [unclear] (M. D. or other) _____
Address 7702 [unclear] Date signed 3/1/47

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

MOTHER FATHER

- 7702 Smary -

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

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

7814 S. Broadway

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.