

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **6694**
 Registrar's No. **1532**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 1 week		d. STREET ADDRESS (If rural, give location) 4375 Donovan Pl.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Schenk		4. DATE OF DEATH (Month) (Day) (Year) 2 - 12 - 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27, 1892
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U S A			

13a. FATHER'S NAME Traugott Schenk		13b. MOTHER'S MAIDEN NAME Philipine Wesch		14. NAME OF HUSBAND OR WIFE Bertha A. Schenk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME Bertha A. Schenk ADDRESS 4375 Donovan Pl.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ? Meningeal Purison		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Caecum Rection DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 2-7	19b. MAJOR FINDINGS OF OPERATION Caecum Rection		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 154X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 13	

22. I hereby certify that I attended the deceased from **2-10**, 19**50**, to **2-12**, 19**50**, that I last saw the deceased alive on **2-12**, 19**50**, and that death occurred at **6:10 P** m., from the causes and on the date stated above.

23a. SIGNATURE P. B. Parater (Degree or title) MD		23b. ADDRESS 3284 Frank Ave		23c. DATE SIGNED 2-12-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 16, 1950	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL HEALTH DEPT. FEB 16 1950	REGISTRAR'S SIGNATURE P. B. Parater	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister ADDRESS Colonial Mortuary 6464 Chippewa St.	
---	--	---	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 My fem. durin. 2-17-50.

FEB 24 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

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.