

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21993**
Registrar's No. **5486**

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 township) OR St. Louis, TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis, TOWN 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital,		d. STREET ADDRESS (If rural, give location) 4113 Nebraska Ave., 0	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Schrenker,			4. DATE OF DEATH (Month) (Day) (Year) June 23, 1950		
5. SEX Male, 0	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,	8. DATE OF BIRTH January 21, 1894	9. AGE (In years last birthday) 56	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dough Mixer - American Cone & Pretzel Co.
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Germany, 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Schrenker,	13b. MOTHER'S MAIDEN NAME Eva Schrenker,	14. NAME OF HUSBAND OR WIFE Augusta Schrenker,
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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. 497-01-2409	17. INFORMANT'S SIGNATURE OR NAME Augusta Schrenker,	ADDRESS 4113 Nebraska Ave.,
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Approx. 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 157X
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22. I hereby certify that I attended the deceased from **3/23**, 19 **50**, to **6/23**, 1950, that I last saw the deceased alive on **6/22**, 19 **50**, and that death occurred at **9:10A** am., from the causes and on the date stated above.

23a. SIGNATURE (Deedee or title) B. W. Klippel, M.D.	23b. ADDRESS 3701 Grandel Sq. St. Louis, Mo.	23c. DATE SIGNED 6/23/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, 0	24b. DATE 6/26/50	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,
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DATE REC'D BY LOCAL REG. JUN 23 1950	REGISTRAR'S SIGNATURE J B [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,	ADDRESS 2842 Meramec St.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....

Joe D. Benz

Signed.....
Student Embalmer

Licensed Embalmer No. 1219

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.