

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9419**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis, Mo.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> <b>2153</b>                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>City Hospital</b>                               |  | d. STREET ADDRESS (If rural, give location)<br><b>4428a S. Grand Blvd.</b>  |  |

|   |                                  |  |  |   |                                |                                |
|---|----------------------------------|--|--|---|--------------------------------|--------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Humboldt H. Schenk</b>   |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Oct. 10, 1952</b> |   |                                |                                |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b> | 8. DATE OF BIRTH<br><b>Dec. 18, 1873</b>                         | 9. AGE (In years last birthday)<br><b>78</b>                      | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Marble Cutter</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State of Foreign Country)<br><b>Ohio</b> |                                | 12. CITIZEN OF WHAT COUNTRY?   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>Adolph Schenk</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Amelia unk</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Josephine Schenk</b>               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |  | 16. SOCIAL SECURITY NO.<br><b>no</b>           |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Josephine Schenk</b> |  |

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><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 |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cerebral Apoplexy</b><br>DUE TO (c) |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |                                  |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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)                          |
| 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?<br><b>334x</b>                                |

22. I, hereby certify that I attended the deceased from **1952**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:53 P.** m., from the causes and on the date stated above.

|  |                                  |  |
|--|----------------------------------|--|
| 22. SIGNATURE<br><b>Galeuk E. Taylor</b> (Degree or title)<br><b>Coroner</b> | 23. ADDRESS<br><b>7300-Clark</b> | 23c. DATE SIGNED<br><b>NOV 11 1952</b> |
|--|----------------------------------|--|

|   |                              |   |   |
|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>10-14-52</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Burial Park</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |
|---|------------------------------|---|---|

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>OCT 14 1952</b> | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith</b> | FUNERAL DIRECTOR'S SIGNATURE<br><b>Southern Funeral Home</b> | ADDRESS<br><b>6322 S. Grand Blvd.</b> |
|--|---|--|---------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *David Van Tassan*

Licensed Embalmer No. *4362*

P. O. Address *6321 Grand*

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.