

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6480

State File No.

1684

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

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) St. Louis		c. LENGTH OF STAY (In this place) 26 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		e. STREET ADDRESS (If rural, give location) 2851 Abner Place	
c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) T. c. (Last) Schenk		4. DATE OF DEATH (Month) (Day) (Year) 2 - 21 - 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7 - 12 - 1890
9. AGE (In years last birthday) Months Days Hours Min. 64		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker	
10b. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (City and State or Foreign Country) Colorado Springs, Colo./	
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Wm. T. Schenk		13b. MOTHER'S MAIDEN NAME Phillipa Weach		14. NAME OF HUSBAND OR WIFE Virginia M. 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. 489-09-7505		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Virginia M. Schenk, 2751 Abner 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Inoperable Ca of Stomach		INTERVAL BETWEEN ONSET AND DEATH 6-11-54	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Erosion of Ca through stomach wall and anterior abdominal wall		1-26-55	

19a. DATE OF OPERATION 6-28-54		19b. MAJOR FINDINGS OF OPERATION Inoperable Ca of Stomach		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X	

22. I hereby certify that I attended the deceased from **6-11-1954** to **2-21-55**, that I last saw the deceased alive on **2-21-1955**, and that death occurred at **9:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE Ed. Lenseke M.D. (Degree or title)		23b. ADDRESS 6303 National Bldg		23c. DATE SIGNED 2-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/24/55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral		ADDRESS 1905 Union Blvd.	
DATE REC'D BY LOCAL REG. FEB 23 1955		REGISTRAR'S SIGNATURE Carl Smith			

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

Dr. Lansche

Tue 2 - 4

Wed. 10 - 12

Nat. Brdg & Jennings Rd.

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.....
Signature of Student Embalmer

Signed *Warren A Carver*

Licensed Embalmer No. *35*

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.