

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024196
State File No.

FILED JUL 11 1958
BIRTH NO.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1595

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) NORMANDY		c. LENGTH OF STAY (in this place) 3 DAYS	c. CITY OR TOWN ST. LOUIS 15 400PZ		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC HOSPITAL			e. STREET ADDRESS (If rural, give location) 1240 LAKEVIEW AVE		
3. NAME OF DECEASED (Type or Print)		a. (First) DANIEL	b. (Middle) ROBERT	c. (Last) SCHENCK	4. DATE OF DEATH (Month) (Day) (Year) JUNE 12 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 23, 1917	9. AGE (in years last birthday) 41	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Flight Inspector		10b. KIND OF BUSINESS OR INDUSTRY AIR LINE	11. BIRTHPLACE (City and State or Foreign Country) TROUTDALE OREGON		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ZENAS DARRET SCHENCK		13b. MOTHER'S MAIDEN NAME MARGARET PARSONS		14. NAME OF HUSBAND OR WIFE (WIFE) VERA MARIE SCHENCK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES August 1941 - July 1942		16. SOCIAL SECURITY 574-128922	17. INFORMANT'S SIGNATURE OR NAME Vera Marie Schenck ADDRESS 1240 Lakeview Ave. St. Louis 15, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. HOREAN WILK		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pericarditis			INTERVAL BETWEEN ONSET AND DEATH 1 week
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Confirmed by DC affidavit 7/24/58		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 434.3			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. secondary pneumonia					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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?			
22. I hereby certify that I attended the deceased from 6/5 , 19 58 , to 6/12 , 19 58 , that I last saw the deceased alive on 6/12 , 19 58 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Arbaleth P. De (Degree or title)			23b. ADDRESS 10011 Bellefontaine Rd		23c. DATE SIGNED 6/13/58
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6-20-58	24c. NAME OF CEMETERY OR CREMATORY WILLAMETTE NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) PORTLAND, OREGON		
DATE REC'D BY LOCAL REG. 6-14-58	REGISTRAR'S SIGNATURE Wesley G. Dwyer M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE-MOULTON MORT. 118 N. FLORISSANT		

(Consented Embalmer's Statement on Reverse Side)

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

JUL 24 1958

4898-2-422

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

Elena Borne

Licensed Embalmer No. 3403

P. O. Address *Jennings*

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.