

NOV 4 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 4404 Gannett St. .... Ward)

File No. **39764**  
Registered No. **10811**

2. FULL NAME Frances Schenk

(a) Residence, No. 4404 Gannett St., 15 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) 9-1-34 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME George Schenk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Augusta Stapt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wm. Schenk (ADDRESS) 4404 Gannett

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter - Paul DATE 10-30-36

19. UNDERTAKER Oscar J. Heister (ADDRESS) 406 Chipewa St.

20. FILED OCT 29 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936 to October 28 1936  
I last saw her alive on October 28 1936. Death is said to have occurred on the date stated above, at 4 A. m.  
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis 1 Week

Other contributory causes of importance:  
Chronic Interstitial Nephritis 1 year

Name of operation..... Date of.....  
What test confirmed diagnosis Physical (Was there an autopsy?) No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) Dr. W. H. Walters  
(Address) 3608 S. Grand Blvd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

RESEARCH REPORT  
NO. 1000

THE CHEMISTRY OF THE  
HYDROLYSIS OF  
POLYMERIZATION

BY  
J. H. HARRIS  
AND  
R. W. LAMONT

DEPARTMENT OF CHEMISTRY  
UNIVERSITY OF CHICAGO  
CHICAGO, ILLINOIS

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MAY 15 1954

CHICAGO, ILLINOIS  
1954