

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 2-011
 City St. Joseph, (No. 2533 Francis St.) St. _____ Ward _____

File No. 19526
 Registered No. 618

2. FULL NAME

Charles J. Schenecker

(a) Residence, No. 2533 Francis St. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 6 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Wholesale Grocer, 1932

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pres. National Bank

10. Date deceased last worked at this occupation (month and year) May, 1937 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Joseph Schenecker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waxweiler, German

MOTHER 15. MAIDEN NAME Gertrude Robling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watzlerath, German

17. INFORMANT (ADDRESS) Mrs. Caroline W. Schenecker
2533 Francis St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE May, 26, 1937

19. UNDERTAKER (ADDRESS) Walter Meierhoffer
1302 Faraon St. St. Joseph, Mo.

20. FILED 576 37 H. J. Westbush
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937 to May 24, 1937
 I last saw him alive on May 24, 1937. Death is said to have occurred on the date stated above, at 10.30 A.M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis general
Coronary artery disease
 Date of onset ?
 Other contributory causes of importance: Coronary Arteriosclerosis
 Date of onset 5-14-37

Name of operation None 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? No
 If so, specify _____
 (Signed) H. J. Westbush, M. D.
 (Address) 722 1/2 Francis Str. St. Joseph, Mo.

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.

