

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
1003

4441

Do not use this space.

Registered No. 1134

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis, Missouri Street No. City Sanitarium St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (c) Length of residence in city or town where death occurred 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Schenck

(a) Residence, No. 4155 Farlin Ave. St. 10  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Clara Schenck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 8 - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Interior Dec.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Contractor  
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Indiana

FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT (ADDRESS) John B. Varner M. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 2/6/1939 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. A. Stock Ind. Co. 2117 E. Grand Blvd.

20. FILED FEB 4 1939 J. D. Brudek Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-1939 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, /38, 19, to 2-3-1939, 19.  
 I last saw him alive on 2-3-1939, 19. Death is said to have occurred on the date stated above, at 2:55 P.M.  
 The principal cause of death and related causes of importance were as follows:

Peritonitis - Cause unknown  
1-29-29

Date of onset

Other contributory causes of importance:

General Paecis of Insane  
Operation 1/29/39 opening & drain'g  
 Name of operation Ingunal Abscess Date of 1-29-29  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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 John B. Varner, M. D.

(Signed) John B. Varner, M. D.  
 (Address) City Sanitarium

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed

*Frank A. Moore*

Licensed Embalmer No.

3041

P. O. Address

2117 E. Hill

**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, above space should be left blank.**