

JUL 12 1939

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

20233
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No. **791**
 (b) Township..... / Primary Registration District No. **1008** Registered No. **5077**
 (c) City **St. Louis,** / (d) Street No. **St. Anthony Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Jacob J. Schenk**

(a) Residence, No. **3243a Delor St.** St. **15**
 (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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 22, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 10

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

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

FATHER 13. NAME **Jacob Schenk**

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

MOTHER 15. MAIDEN NAME **Antonia Heitmenek**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**

17. INFORMANT (ADDRESS) **Marie Wuest 3243a Delor St.**

18. BURIAL, CREMATION, OR REMOVAL **New St. Peter and Paul Cem. DATE June 6, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **J. H. Schenk & Co. 2842 Meramec St.**

20. FILED **JUN 5 1939** **J. B. Prude** (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 2, 1939**

22. I HEREBY CERTIFY that I attended deceased from **April 19, 1939** to **June 2, 1939**
 I last saw him alive on **June 2, 1939**. Death is said to have occurred on the date stated above, at **11:35 p.m.**
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis embolism
arterio-sclerosis embolism
 Date of onset
 Other contributory causes of importance:

Name of operation **none** Date of.....
 What test confirmed diagnosis? **course** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** 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. **no**

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

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify.....
 (Signed) **W. Schmeider** M. D.
 (Address) **3318 S. Knauer**

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.

I 1 x1600

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..... *Herman A. Gebker*

Licensed Embalmer No. 2120

P. O. Address..... 2842 Hermann St.

St. Louis, Mo.

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.