C 27 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44724

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 2293

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Jeffeson Bks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Vet. Adm. Facility 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days) In this community Not known

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St Louis

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2926 Milton Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME SCHENCK, Louis G. 520

3. (b) If veteran, name war W.W.

3. (c) Social Security No. not known

4. Sex Male

5. Color or race Cauc

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife -----

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept 29 (Month) 1887 (Day) (Year)

8. AGE: Years 52 Months 2 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation Clerk 9

11. Industry or business Clerical 9

FATHER
12. Name Not known 9
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hospital Records

(b) Address Vet. Adm Facility JeffersonBks

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation NATION CM. JEFF. BARRACKS

18. (a) Signature of funeral director WEIGK. BROS UND. CO

(b) Address 2201 S. GRAND ST. LOUIS MO.

19. (a) DEC 27 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 24 day W year 1939 hour 7:03 minute A M.

21. I hereby certify that I attended the deceased from Dec 8 1939, 19..., to Dec 24 1939, 19...; that I last saw him alive on Dec 24 1939, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Right Upper Lobe, type undetermined

Due to 107a

Due to

Other conditions Chronic Bronchitis, (Include pregnancy within 3 months of death) pulmonary emphysema

Major findings: Of operations no op.

Of autopsy None made

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. W. Hughes C.M.D. M.D. (M. D. or other)

Address V.A. Facility Jefferson Bks Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 Harry Allewart

Licensed Embalmer No. 3722

P. O. Address 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.