

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32940
Registrar's No. 7892

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmery. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution December 19, 1935.
69yrs. (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Ben Schork?

3. (b) If veteran, name war Cannot say. 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.

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

7. Birth date of deceased. _____ 1866.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 hr. min.

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

10. Usual occupation Laborer.

11. Industry or business X

12. Name X

13. Birthplace X (City, town, or county) (State or foreign country) 9

14. Maiden name X (City, town, or county) (State or foreign country) 9

16. (a) Informant B. Blaney

(b) Address 5800 Arsenal St.

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____
19. (a) OCT 3 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis. OCT
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 7317
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
American.
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4,
year 1941, hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from December
19, 1935 to September 4, 1941
and that death occurred on the date and hour stated above.
that I last saw him alive on September 4, 1941.

Immediate cause of death: Probably cerebro-vascular thrombosis. Duration _____

Due to Generalized arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) [Handwritten initials]

Major findings: Of operations none

Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Loren B. Blaney (M. D. or other) MD
Address 5600 Arsenal St. Date signed 9/6/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

022110

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.