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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10819

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 237

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

039
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 913 N. Concord
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 38 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 913 N. Concord
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Henry Schenker

3. (b) If veteran, name war no

3. (c) Social Security No. 140-9745

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Clara Schenker

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

7. Birth date of deceased May (Month) 12 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 70	10	12	hr. min.

9. Birthplace Vienna (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Pool Hall Operator

11. Industry or business

FATHER
12. Name Robert Schenker
13. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

MOTHER
14. Maiden name Carrie Derker
15. Birthplace Unknown (City, town, or county) 9 Missouri (State or foreign country)

16. (a) Informant Clara Schenker
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 3-26-42 (Date received local registrar) (b) Dr. W. Hawley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1942 hour 12 minute 30 P. M.

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

Immediate cause of death Endocarditis and Senility

Due to Cancer of Colon operated at State Cancer

Due to Institute Columbia Mo. No doctor present at time of death.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 46e

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 G. H. Boehm Acting Coroner (M.D. or other)
Address 227 E. Olive St. Date signed 3/26/42
Springfield, Mo.

984 W.C.N. (Licensed Embalmer's Statement on Reverse Side)

APR 3 1942

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 L. L. Toma

Licensed Embalmer No. 3177

P. O. Address Springfield 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, fact should be so stated above.