

FILED DEC 11 1942
1818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10091

958
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2319 Walnut /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME George E. Schenk

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex Male / 5. Color or race White

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

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased January 21, 1895
(Month) (Day) (Year)

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

47 10 10 hr. min.

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

10. Usual occupation Policeman

11. Industry or business St. Louis Police

MOTHER FATHER { 12. Name Edward Schenk

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Enola Bond

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Schenk

(b) Address 7020 Stanley

17. (a) Burial (b) Date thereof 12/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Edith F. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 3 1942 (b) J. F. Beebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 7020 Stanley 4
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1942 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....

that I last saw h..... alive on..... 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death Internal bleeding from
gun shot wounds of both lungs and
liver, includes all the trouble of our
dear old Kidd Co. in the town
of 2319 Walnut St about 9:00
P.M. Dec. 1 1942.

Due to.....

Other conditions.....
(Include pregnancy within 6 months of death)

Major findings:
Of operations.....

Of autopsy.....

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) Homicide

(b) Date of occurrence Dec 21 1942

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? yes (Specify type of place)

(e) Means of injury gun shot

23. Signature Thomas F. Callaway (M.D. or other).....
Address Deputy Coroner Date signed Dec 3-42

