

FILED AUG 18 1948

STANDARD CERTIFICATE OF DEATH

State File No. 26947
Registrar's No. 7106

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7106

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:
In Route to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Since Birth
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0011
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 179
(d) Street No. 3815 Carter Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LEROY E. OFFERMANN

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 May 17, 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 2 18 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Clarence Offerman

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

14. Maiden name Mabel Nieberg

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

16. (a) Informant Mrs. Frank Stanek

(b) Address 3815 Carter Avenue

17. (a) Burial (b) Date thereof 8/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) WJC (b) J. J. Bradeck
(Date rec'd by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1948 hour 6 minute 20 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 gunshot wound of skull and brain at the temple of one Daniel Charles Schenkel
Due to in his home at 4303rd Prairie ave about 6:00 pm 8-4-48

Other conditions (includes pregnancy within 3 months of death) _____

Major findings: Of operations 18H

Of autopsy 27

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

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 8-4-48
(c) Where and injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature W. J. Cavanaugh (M.D. or other) 3

Address 1300 Clark Date signed 8/6/48

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

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..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

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, fact should be so stated above.