

V. S. No. 2
 OOM-2-43
 Re 5-17-39
 X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27052

D AUG 30 1943 318

State File No. _____
 Registrar's No. 7542

Registration District No. _____

Primary Registration District No. 1003

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:
Mo. Baptist Hospital
(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 Elizabeth Schlenk

3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

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

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

7. Birth date of deceased Dec. 15, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name ?
 13. Birthplace ? ?
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace ? ?
(City, town, or county) (State or foreign country)

16. (a) Informant Lelia Toebben

(b) Address 4203 Castleman

17. (a) Burial (b) Date thereof 8/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Belleville, Ill.

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

(b) Address 4234 Manchester

19. (a) AUG 22 1943 J. F. Brudeck
(Date received final disposition) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4203 Castleman
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 22
 year 1943 hour 12.45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 6/25 1943 to 8/22 1943
 that I last saw her alive on 8/22/43
 and that death occurred on the date and hour stated above.

Immediate cause of death Paraplegia
 Due to Hepatitis
 Due to Senility
 Other conditions none
(Include pregnancy within 3 months of death)

Duration _____

Major findings:
 Of operations none
 Of autopsy no

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) no
 (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 _____
 23. Signature Pratt C. Hall (M. D. or other) MD
 Address 3402 Lafayette Date signed 8/23/43

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.....

Thomas Eymak

Licensed Embalmer No.....

1284

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.