

S. No. 2  
4-843  
5-17-39  
P I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37252

State File No. \_\_\_\_\_

FILED NOV 29 1944

Primary Registration District No. 1000

Registrar's No. 1171

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hours  
(Specify whether In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 314 1/2 South 6th St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME F. Carl Schenecker

3. (b) If veteran, name war no 3. (c) Social Security No. 488-22-9427

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. November 3, 1891 (Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation radio repair

11. Industry or business

MOTHER FATHER { 12. Name George Schenecker  
13. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Mary Jerrett  
15. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant J. W. Schenecker

(b) Address 1010 North 3rd St, St. Joe, Mo.

17. (a) Burial (b) Date thereof 11-21-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address 224 South 10th St, St. Joseph, Mo.

19. (a) 11-21-44 (b) Daniel Tschke (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 year 1944 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from on Nov 18th 1944 to 1944; that I last saw him alive on 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure, 1 day  
Due to Edema of the lungs, 3 days  
Due to Chronic Alcoholism, 8 yrs  
Other conditions On November 17th 1944 (Include pregnancy within 3 months of death)

Major findings: Man was found unconscious in his home about 9 P.M. was taken to the St. Joseph Hospital and died without regaining consciousness. Underline the cause to which death should be charged statutorily.

22. (a) Death was due to external cause (b) In the following: (c) 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) (c) Means of injury  
23. Signature H. T. Mundy (M. D. or other) Carones  
Address 1104 20th St Date signed

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 *Mallice E. Sidenfaden*  
Licensed Embalmer No. *4235*  
P. O. Address *St. Joseph, 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 licensè.)**

**If this body is not embalmed, fact should be so stated above.**