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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 10 1947**  
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. **1003**

State File No. \_\_\_\_\_  
Registrar's No. **3074**

**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:  
**Deaconess 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 \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME **Bernadine Bratz Schenk**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Godfried Schenk**  
6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **December 10 1874**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **20**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_  
12. Name **John Bratz**  
13. Birthplace **England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. C. Schenk**  
(b) Address **3541 Lafayette Ave.**  
17. (a) **Removal** (b) Date thereof **2-3-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rye, New York**  
18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**  
19. (a) **1-31-47** (b) **J. J. Bruleck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **17:17**  
(d) Street No. **3541 Lafayette Ave.**  
(If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **Jan** day **30**  
year **1947** hour **6** minute **00 P.** M.  
21. I hereby certify that I attended the deceased from **Jan 10**  
**10** 19**47** to **Jan 30** 19**47**  
that I last saw her alive on **Jan 30** 19**47**  
and that death occurred on the date and year stated above.

Immediate cause of death **Multiple Myeloma 1 1/2 yrs.**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **55**

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) \_\_\_\_\_  
(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 **Edward J. Melting** M. D. or other **M.D.**  
Address **3903 O. Line** Date signed **1-31-47**

(Licensed Embalmer's Statement on Reverse Side)

**St. Louis & Mo.**

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

MOTHER FATHER

APR 22 1947

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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..... *Ernest W. Spillard*.....  
Licensed Embalmer No..... *14080*.....  
P. O. Address.....

**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.**