

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis Altenheim
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 5408 S. Broadway
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Schenk
(b) If veteran, name war
(c) Social Security No.
4. Sex Female / 5. Color or race White
6. (b) Name of husband or wife Robert
7. Birth date of deceased September 14 1868

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 13 year 1947 hour 6.40 minute P. M.
21. I hereby certify that I attended the deceased from May 1947 to Jan 13 1947
that I last saw her alive on Jan 13 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 3 Days 29 If less than one day . hr. min.

Immediate cause of death: Coronary thrombosis
Due to: Chr Myocarditis arteriosclerosis
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace St. Louis Mo.
10. Usual occupation Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name John Brohan
13. Birthplace Germany
14. Maiden name Caroline Theiss
15. Birthplace Germany

16. (a) Informant John W. Hoerr
(b) Address 5408 S. Broadway

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

17. (a) Burial (b) Date thereof 1/15/47
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave

23. Signature: Mrs. Stauff (M. D. or other)
Address: 512 S. Olive St. Date signed: 1/14/47

19. (a) (Date received local registrar) (b) G. F. Medeak (Registrar's signature)

STATEMENT BY LICENSED EMBALMER

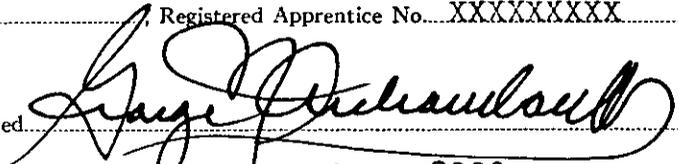
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....George N. Archambault.....

working under my personal supervision.

Registered Apprentice No.XXXXXXXXXX.....

Signed.....



.....
Licensed Embalmer No.2906.....

P. O. Address.7128 Michigan Ave.....

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.