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-17-39  
PI 3908

FILED SEP 7 1948  
Registration District No. 317

Primary Registration District No. 3066

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
R.R.#12 Box 390  
(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 Emma Schenk

3: (b) If veteran, name war \_\_\_\_\_

3: (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nicholas Schenk

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 6 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>9</u>	hr. _____ min.

9. Birthplace Milwaukee Wis.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown

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 Nicholas Schenk

(b) Address R.R.#12 Box 390 Kirkwood, Mo.

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) 8-16-48 (b) Cecil A. 2. Shantz M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#12 Box 390  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14  
year 1948 hour \_\_\_\_\_ minute 0 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 \_\_\_\_\_

Cause unknown

Due to 200c

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (a) Location of injury \_\_\_\_\_

23. Signature Cecil A. 2. Shantz M.D. (Registrar's signature)  
Address Commissioner of Health Date signed 8-25-48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Feb 23 1948

**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 Felix Howard  
Licensed Embalmer No. 3034  
P. O. Address Kirkwood 22 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.**