

S. No. 2
1-1/47
5-17-39

FILED JAN 11 1948
318
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution..... **St. Louis City 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..... **August Schenk**

3. (b) If veteran, name war..... **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex..... **Male** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Unknown**

6. (b) Name of husband or wife..... **Unknown**

6. (c) Age of husband or wife if alive..... **About 1875** years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73? hr. min.

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

10. Usual occupation..... **General Work**

MOTHER FATHER

11. Industry or business.....

12. Name..... **Unknown**

13. Birthplace..... **Unknown**
(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..... **Mrs. A.S. Longsdorf**

(b) Address..... **5187 Cabanne Ave.**

17. (a) **Burial** (b) Date thereof..... **12-20-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Cemetery**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) **DEC 17 1948** (b) **J. B. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**
(If outside city or town limits, write "RURAL")

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5187 Cabanne Ave.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec.** day..... **15**
 year..... **1948** hour..... **8** minute..... **30** P. M.

21. I hereby certify that I attended the deceased from.....
 19....., to..... 19.....;

that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death..... **fractured right hip**
interossario when he fell to the floor in room at 5187 Cabanne Ave. July 26 1948

Due to..... **fractured hip**

Due to..... **1875**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... **78**

Of autopsy.....

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **Accident**

(b) Date of occurrence..... **7-26-48**

(c) Where did injury occur?..... **in room**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **Home**
(Specify type of place)

While at work?..... **No**
(e) Means of injury

23. Signature..... **Robert E. [Signature]**
 Address..... **St. Louis** Date signed.....

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..... **No Embalmed**

Licensed Embalmer No.....

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.