

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH32596
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3008</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson Barracks, Mo.</u>		a. STATE <u>Illinois</u>		b. COUNTY <u>Madison</u>	
c. LENGTH OF STAY (in this place) <u>70 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u>		d. STREET ADDRESS (If rural, give location) <u>1200 E. 6th Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Adm. Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>		b. (Middle) <u>J.</u>		c. (Last) <u>SCHENK</u>	
4. DATE OF DEATH		(Month) <u>September</u>		(Day) <u>15,</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-26-1889</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>chemistry</u>		11. BIRTHPLACE (State or foreign country) <u>Alton, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Schenk</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Hellrung</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Schenk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes WW-1</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EUGENE F. NOLAN, Registrar</u>		ADDRESS <u>VAH, Jefferson Barracks, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIOGENIC CARCINOMA WITH METASTASIS TO THE LIVER.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unk.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				162X	
		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
19a. DATE OF OPERATION		DUE TO (c)				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 7,</u> 19 <u>49</u> , to <u>Sept. 15,</u> 19 <u>49</u> , that I last saw the deceased alive on <u>Sept. 15,</u> 19 <u>49</u> , and that death occurred at <u>10:45a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. Stilwell</u> (Degree or title) <u>L. E. STILWELL, M.D., Chf. of Prof. Services</u>				23b. ADDRESS <u>VAH, Jefferson Barracks, Mo.</u>		23c. DATE SIGNED <u>9/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Sept. 16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ALTON ILLINOIS</u>		24d. LOCATION (City, town, or county) (State) <u>ALTON ILLINOIS</u>	
DATE REC'D BY LOCAL REG. <u>9-16-49</u>		REGISTRAR'S SIGNATURE <u>Richard R. Lombard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister U. & L. Company</u>		ADDRESS <u>7811 So. Broadway - St. Louis, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 30 1954

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Harry Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 E. Broadway

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.