

FILED FEB 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2963  
Registrar's No. 281

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. LENGTH OF STAY (In this place) 25 yrs in St. Louis d. STREET ADDRESS (If rural, give location) 7238 Richmond Place,	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood, 4534	

3. NAME OF DECEASED (Type or Print) a. (First) SUSANNAH b. (Middle) COOK c. (Last) SCHENLER.			4. DATE OF DEATH (Month) (Day) (Year) JAN. 8, 1951		
5. SEX Female!		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	
8. DATE OF BIRTH March 5, 1873.		9. AGE (In years last birthday) 77.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home..	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY .....		11. BIRTHPLACE (State or foreign country) Jeffersonville, Indiana./	
13a. FATHER'S NAME Joshua Cook.		13b. MOTHER'S MAIDEN NAME Martha Mears.		14. NAME OF HUSBAND OR WIFE William P. Schenler.	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) np. no.		16. SOCIAL SECURITY NO. none.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hy C. Schenler, 7238 Richmond Place,	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular Disease 1 1/2 yrs DUE TO (c) Atherosclerosis 443x		INTERVAL BETWEEN ONSET AND DEATH 5 mo  3 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 7-15 1949, to January 8, 1951, that I last saw the deceased alive on 1/8, 1951, and that death occurred at 11:05P m., from the causes and on the date stated above.

23a. SIGNATURE P. D. Schenler (Deceased or title)		23b. ADDRESS Hor No. Taylor		23c. DATE SIGNED 1-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/11/51.		24c. NAME OF CEMETERY OR CREMATORY Cave Hill Cemetery.	
24d. LOCATION (City, town, or county) (State) Louisville, Kentucky.					

DATE REG'D BY LOCAL REG. JAN 11 1951		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd;	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Melvin L Kemper

Signed.....  
Student Embalmer

Licensed Embalmer No. 4052

P. O. Address St. Louis, 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.