

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26867**
Registrar's No. **6446**

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri) c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 15 2908 Osage		
3. NAME OF DECEASED (Type or Print) MARY a. (First) _____ b. (Middle) _____ c. (Last) SCHLENKER		4. DATE OF DEATH (Month) (Day) (Year) JUNE 27, 1953		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 17, 1865	
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Frank Trojahn		13b. MOTHER'S MAIDEN NAME not known		
14. NAME OF HUSBAND OR WIFE Ernst Schlenker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Adolph Schlenker		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Constrictive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardia- DUE TO (c) vascular disease		_____ _____ _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis		_____ _____		
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? 443x		_____		
22. I hereby certify that I attended the deceased from 6-18-53, 19___, to 6-27-53, 19___, that I last saw the deceased alive on 6-27-53, 19___, and that death occurred at 6:15P m., from the causes and on the date stated above.				
23a. SIGNATURE (Name or title) Robert C. Stock MD		23b. ADDRESS 1515 Lafayette Avenue		
23c. DATE SIGNED 6-29-53		_____		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-30-53		
24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 29 1953 Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE U.L. Ziegenhein & Sons		
ADDRESS 7027 Gravois Ave.		_____		

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.....
Signature of Student Embalmer

Signed *Wesley B. Frohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *7027 G*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.